

**PLEASE DO NOT FAX WITHOUT CALLING**

**ROBINS AIR FORCE BASE HONOR GUARD**

Funeral Honors Request Form

(ver: 16 Jul 2021)

PLEASE ENSURE ALL INFORMATION IS COMPLETE, CORRECT, AND LEGIBLE

Fax to: (478) 926-0953 Phone: (478) 926-9775 Email: 78.FSS.FSHO.RHGS@us.af.mil  
Visit <https://robinsfss.com/honor-guard/> for the most current request form

Requester: \_\_\_\_\_ **Today's** Date/Time: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Funeral Home: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**Has the decedent ever been convicted of a Felony or is a convicted Sex Offender: Yes / No**

**Type of Request:**

- \_\_\_\_ Veteran Honors (members who have previously served) – Taps and Flag fold/Presentation
- \_\_\_\_ Retired Honors (members who have retired) – Firing Party, Taps, and Flag fold/Presentation
- \_\_\_\_ Full Honors (members currently on active duty orders or who have received either a Medal of Honor or POW medal) – Pallbearers, Firing Party, Taps, and Flag fold/ Presentation

**Do you have a flag? Yes / No \*\*The Honor Guard only provides flags for Full Honors\*\***

Relationship of flag recipients to decedent (married parents, separated parents, spouse or children):  
\_\_\_\_\_

Will there be any civilian organization participating in the funeral service? (i.e., Lions, Mason, VFW, etc.) **Yes / No**

**Funeral/Memorial Service for:**

Deceased Name \_\_\_\_\_ Rank \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Next of Kin or Rep:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

**Military Funeral Honors may only be rendered ONCE.**

**Annotate below if you are requesting the Honor Guard's presence at a Chapel "OR" Gravesite.**

**Chapel Service** Yes / No Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Gravesite Service** Yes / No Date: \_\_\_\_\_ Family Arrival Time at Gravesite: \_\_\_\_\_

Please provide **Chapel "OR" Gravesite** Location information

Is the deceased cremated? **Yes / No** Name \_\_\_\_\_

Is the casket made of wood? **Yes / No** Address \_\_\_\_\_  
\_\_\_\_\_

Estimated weight of casket with remains: \_\_\_\_\_ lbs Phone: \_\_\_\_\_

**Please fax military service certification paperwork (DD Form 214).**

Requester's  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL CHANGES TO THIS REQUEST MUST BE MADE IN WRITING**  
**and confirmed by this office. We will call the day prior of the service to confirm the service. If not contacted please contact our office.**

\*\*\*PRIVACY ACT OF 1974 APPLIES\*\*\*