

## **MILITARY FUNERAL HONORS REQUEST**

PHONE: 801-803-1581 OR 801-878-5791

SEND REQUESTS VIA: EMAIL-PREFERRED OR FAX

FAX: 801-254-8840

EMAIL: ng.ut.utarng.list.military-funeral-honors@army.mil

Received by:	Date/Time received:				
(PLEASE FILL OUT BOXES COMPLETELY	·)		(PLEASE PRIN	NT CLEARLY OR TYPE)	
1. Deceased Information:		Casket:	Urn:	Memorial:	
Last, First, Middle Name:					
Grade / Rank:		Retired / AD Army: Army Vet:			
Social Security Number:					
2. Requester's Information: Fund	eral Director:	Family:	Other:		
Name:		F	Phone:		
Funeral Director Cell Phone:					
Name of Funeral Home:					
Requester's email:					
(Proof of Military Servi	ce; DD214, NGB	22, etc. Req	uired Prior to	o Honors)	
3. Next Of Kin Information: (Next	xt of kin, who w	ill be presen	ted the flag)		
Name:	Relationship to Deceased:				
4. Honors Information:					
Conducted at: Funeral Home:	Church: Ce	emetery:	Other:		
Day / Date of Honors:					
* EXAMPLE: (SAT) 01 /JAN/					
Honors Location:					
Address:				_Zip Code:	
Notes:					