

**Drive Time:**

**Distance from Dyess AFB:**

## MILITARY FUNERAL HONORS REQUEST FORM



**Date of Request Submission:**

**Time:**



**ADDRESS**

**ATTN: Dyess Honor Guard**  
**390 Ave D. Bldg 7217**  
**Dyess AFB, TX 79607**  
**(Taylor County)**

<b>FUNERAL INFO: Date/Time Honors desired :</b>	<b>URN</b> <input type="checkbox"/>	<b>CASKET</b> <input type="checkbox"/>	<b>OTHER (I.e. memorial Svc)</b> <input type="checkbox"/>
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<b>Name of Deceased :</b> (Last, First Middle)	<b>Rate/Rank</b>	<b>Br. of Service</b>	<b>Vet/Ret</b>	<b>Yrs in Svc:</b>
<b>SSN :</b>	<b>Date of Birth :</b>	<b>Date of Death :</b>	<b>Eligibility Verified</b> <input type="checkbox"/> YES (DD214 Rec'd)	

**LOCATION OF FUNERAL OR SERVICE**

☐ CEMETERY    ☐ CHAPEL    ☐ FUNERAL HOME    ☐ OTHER (Specify in remarks)

<b>Location of Funeral Honors:</b>	<b>Phone:</b>
<b>Address:</b>	<b>County:</b>
<b>City/State/Zip Code:</b>	

**NEXT OF KIN INFORMATION**

<b>Person to received flag:</b>	<b>Relationship to Deceased:</b>
<b>Address:</b>	
<b>City/State/Zip Code:</b>	<b>Phone:</b>

**MORTUARY/ FUNERAL HOME INFORMATION**

<b>Name:</b>	<b>POC:</b>
<b>Address:</b>	<b>Phone:</b>
<b>City/State/Zip Code:</b>	<b>Verified mortuary has flag</b> <input type="checkbox"/> YES

**CHAPLAIN INFORMATION**

It is the responsibility of the point of contact for the service to schedule chaplain services.

**Your detail should be confirmed within 24 hours of receipt. If you have not received confirmation by phone, your detail has not been scheduled. Please contact us immediately, 325-696-5532.**

**REMARKS:**


**REQUEST MAY BE SUBMITTED BY EITHER FAX - (325)-696-5707 - OR EMAIL  
7BWHG@US.AF.MIL**