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| Wis. Stats. Chapter 45 | ***STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS***  ***MILITARY FUNERAL HONORS PROGRAM***  ***21731 Spring St., Union Grove, WI 53182***  ***Toll Free: 1-877-944-6667 Toll Free Fax: 1-866-454-0356***  ***Alt. Fax: (262) 878-5677*** |
| **MILITARY FUNERAL HONORS REQUEST** | |

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| **This form is intended to be used only to request military funeral honors for an eligible veteran.**  **⏵ Honors request information can be called in or faxed to the above contact numbers.**  **⏵ It is not mandatory, but helpful if you would please attach or forward an eligibility document or a DD Form 214 for the veteran.**  **⏵ It is not necessary to forward this request when a Veterans Service Organization (VSO) is asking for honors reimbursement.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***PART ONE*: Funeral Home Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Funeral Home: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requestor: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | | | (     ) | | | | | |  | | | | | | | | Cell #: | | | (     ) | | | | |  | | | | | | | Fax #: | | | | | (     ) | | | |  |
| Do you have a flag to present?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***PART TWO*: Information – Deceased Veteran** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Deceased Veteran: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch of Service:  U.S. Army  U.S. Navy\*  U.S. Air Force  U.S. Marine Corps\*  U.S. Coast Guard  Army Air Force/Corps  Merchant Marine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | |  | | | | | | | | | | | | Social Security #: | | | | | | |  | | | | | | | | | | Date of Death: | | | | |  | | |
|  | | | | | | MM/DD/YYYY | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | MM/DD/YYYY | |
| Retired from Military Service?  Yes  No | | | | | | | | | | | | | | | | | | | | | Rank (if known): | | | | | | | | |  | | | | | | | | | | | |
| Who will the flag be presented to? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Relationship to Veteran: | | | | | | | | | |  | | |
| \*Next of Kin–Address & Phone #: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***PART THREE*: Type of Honors Requested by the Family** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Funeral directors should inform the family of the following: There is no cost associated with providing honors; the family can select the type of honors to be provided; the family can select if they would like honors performed by the military, VSO, or both; due to a shortage of buglers Taps is normally played by an electronic method.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of service to be provided:  Casket  Cremation  Memorial | | | | | | | | | | | | | | | | | | | | | | Has a VSO been contacted by the family or Funeral Director to participate?  Yes  No | | | | | | | | | | | | | | | | | | | |
| Honors requested (check box that applies):  Firing Detail, Taps, Flag, Presentation  Taps, Flag, Presentation  Flag, Presentation | | | | | | | | | | | | | | | | | | | | | | Post #: | | | |  | | | | | | | | | | | | | | | |
| Phone #: | | | | | | (     ) | | | | |  | | | | | | | | |
| Point of Contact: | | | | | | | | |  | | | | | | | | | | |
| VSO confirmed to provide rifle detail?  Yes  No | | | | | | | | | | | | | | | | | | | |
| Will the flag be?  Pre-folded  Draped | | | | | | | | | | | | | | | | | | | | | | VSO confirmed to provide Taps?  Yes  No | | | | | | | | | | | | | | | | | | | |
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| ***PART FOUR*: Funeral Honors Location (i.e., cemetery, church, etc.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: |  | | | | | | | | | | Time: | | | | |  | | City: | | | | |  | | | | | | | | | | | | County: | | |  | | | |
| Location Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Directions to ceremony location: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicate any other special requests (example: commissioned officer or military relative to present the flag): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **The funeral director should call in or fax this information as soon as possible to the above contact numbers. If you do not hear from us within 24 hours, or in a case of a short notification, confirm the coordination with us.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |