



STATE OF MISSOURI
 OFFICE OF THE ADJUTANT GENERAL
MISSOURI MILITARY FUNERAL HONORS REQUEST — ST. LOUIS AREA
 Honoring Those Who Served on Behalf of a Grateful Nation

FAX LOCAL (314) 416-0463
 VOICE LOCAL (314) 416-6642
 VOICE TOLL FREE 1-877-221-6361 (OPTION 2)

MMFHP REQUEST NO.		Please FAX this form and verification of military service (Required by Law) as soon as possible. Funeral Director must provide the U.S. flag for the service.				NGB DATABASE REQUEST NO.	
VETERAN'S NAME			VERIFYING DOCUMENT <input type="checkbox"/> DD214 <input type="checkbox"/> NGB22 <input type="checkbox"/> ORDERS		RANK		
SOCIAL SECURITY NUMBER (REQUIRED BY THE DOD)		BRANCH OF SERVICE (CHECK ONE) <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army Air Corps <input type="checkbox"/> Other _____					
DATE OF BIRTH		DATE OF DEATH		CITY OF DEATH			
STATUS <input type="checkbox"/> Veteran <input type="checkbox"/> Retired Military		WARTIME SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No		PRISONER OF WAR? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DATE OF HONORS		FUNERAL TIME		TIME OF HONORS			
CEMETERY/LOCATION OF HONORS			CITY		ZIP CODE		
ADDRESS/DIRECTIONS					COUNTY		
FUNERAL HOME		ADDRESS			CITY		
POINT OF CONTACT			TELEPHONE NUMBER		FAX NUMBER		
WHAT DID THE VETERAN'S FAMILY REQUEST? (CHECK ALL THAT APPLY)							
<input type="checkbox"/> Full Military Honors (Consisting of Firing Party, Taps, Flag Folding and Presentation) <input type="checkbox"/> Firing Party <input type="checkbox"/> Taps <input type="checkbox"/> Flag Folding and Presentation							
Flag Folding and Presentation will be provided by Two Uniformed Service Members (VSO if Requested Below) .							
TYPE OF REMAINS (CHECK ONE)							
<input type="checkbox"/> Remains (Casket) <input type="checkbox"/> Creains (Urn) <input type="checkbox"/> Memorial (None)							
FUNERAL DIRECTOR'S REMARKS (Special Requests)							
REMARKS							
IS THERE A VETERAN'S GROUP YOU PREFER TO USE? <input type="checkbox"/> Yes <input type="checkbox"/> No				NAME OF VETERAN'S SERVICE ORGANIZATION			
HAVE YOU CONTACTED THEM? <input type="checkbox"/> Yes <input type="checkbox"/> No		DID THEY CONFIRM <input type="checkbox"/> Yes <input type="checkbox"/> No		VETERAN'S GROUP POINT OF CONTACT			
NEXT OF KIN			RELATIONSHIP		TELEPHONE NUMBER		
ADDRESS							
MISSOURI MILITARY FUNERAL HONORS USE ONLY							
CONFIRMATION						<input type="checkbox"/> FAXED <input type="checkbox"/> EMAILED	
FH _____						TO	
TM _____						<input type="checkbox"/> NAVY <input type="checkbox"/> MARINES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> ARMY	
AC _____						DATE/TIME CONFIRMED BY	
VSO _____							