



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

FAX LOCAL (573) 638-3847 OR (573) 638-9581
VOICE LOCAL (573) 638-9500 EXT. 37142 OR 37143
VOICE TOLL FREE 1-877-221-6361 (OPTION 1 OR 3)

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 (NAME/ORG)		<input type="checkbox"/> FAXED <input type="checkbox"/> EMAILED TO <input type="checkbox"/> NAVY <input type="checkbox"/> MARINES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> ARMY			
FH _____					
TM _____					
AC _____					
VSO _____		DATE/TIME CONFIRMED BY			