



STATE OF MISSOURI
OFFICE OF THE ADJUTANT GENERAL
FUNERAL/CEMETERY DIRECTOR'S VERIFICATION

MMFHP REQUEST NO.

The purpose is to provide third party verification that Military Funeral Honors were provided so teams may be reimbursed for their services.

This is to confirm that on _____ (DATE) Military Funeral Honors for

_____ were provided by:
(NAME OF DECEASED VETERAN)

VETERAN'S ORGANIZATION AND POST #

MISSOURI MILITARY FUNERAL HONORS TEAM

MILITARY HONORS WERE PROVIDED IN AN ACCEPTABLE MANNER

Yes No

TAPS WAS PROVIDED IN AN ACCEPTABLE MANNER

LIVE BUGLER'S NAME

Yes No

COMMENTS AND/OR RECOMMENDATIONS FOR IMPROVEMENT

FUNERAL HOME, STATE OR NATIONAL CEMETERY

CITY

FUNERAL HOME, STATE, OR NATIONAL CEMETERY REPRESENTATIVE'S SIGNATURE