

# BLUE EAGLES HONOR GUARD REQUEST FORM

Office: (951) 655-6105  
Duty Cell: (951) 906-1659  
Fax: (951) 655-6108

e-mail: [honorguard@march.af.mil](mailto:honorguard@march.af.mil)

HG USE ONLY

Approved by \_\_\_\_\_  
Appr. With \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Status \_\_\_\_\_  
Posted by \_\_\_\_\_

1850 Graeber Ave. Bldg 433  
March ARB, CA. 91744

Function Log #: \_\_\_\_\_

## **WE DO NOT SUPPLY THE US FLAG**

### **Mortuary/Funeral Home Information**

Name of Mortuary: \_\_\_\_\_ Requestors Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail Address: (Optional) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Next of Kin Information**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Veteran Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Rank: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

#### **Branch of Service**

Air Force  Army Air Corps  
 Other: \_\_\_\_\_

#### **Military Status**

Retired  Veteran  
 Active Duty

Casket  Cremation  
 Other: \_\_\_\_\_

### **Service Information**

Have any other Armed Forces units been requested to support this service? YES  NO  Explain: \_\_\_\_\_

Have Military Honors been provided before by any other Armed Forces unit? YES  NO  Explain: \_\_\_\_\_

#### **Location/Place of Honors Presentation**

Name of Location: \_\_\_\_\_ Address: \_\_\_\_\_  Church/Chapel  Graveside  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  Other: \_\_\_\_\_

#### **Date/Time of Chapel/Church Service**

Day: Su. Mo. Tu. We. Th. Fr. Sa.  
Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

#### **Date/Time of Graveside Service**

Day: Su. Mo. Tu. We. Th. Fr. Sa.  
Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Remarks:

**Signature of Requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Next of Kin:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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