

ELLSWORTH AIR FORCE BASE MILITARY FUNERAL HONORS REQUEST



1000 Ellsworth St. Suite 2000 Ellsworth AFB, SD 57706

Hours: Mon - Fri 0730to 1600

Office: (605) 385-1186 **After Hours:** (605) 431-3008

Email: ellsworth.honorguard@us.af.mil

SECTION 1: FUNERAL HONORS REQUEST INFORMATION							
REQUESTOR INFORMATION							
1. Funeral Home Name (if applicable)	2. Funeral Director/Requestor Name	3. Phone Number	4. Fax Number/email				
5. Address	6. City	7. State	8. Zip Code				
DECEASED INFORMATION							
9. Name (Last, First, MI)			10. Rank or Pay Grade			11. Social Security Number	
12. Service Branch: <input checked="" type="checkbox"/> Air Force (to include Guard & Reserve) <input type="checkbox"/> Army Air Corps							
13. Military Status: (Select one)		Services Requested: (available options on same row as selected military status)					
<input type="checkbox"/> Veteran:		<input type="checkbox"/> Flag Fold <input type="checkbox"/> Taps					
<input type="checkbox"/> Retiree:		<input type="checkbox"/> Flag Fold <input type="checkbox"/> Taps <input type="checkbox"/> Firing Party <input type="checkbox"/> Pallbearers					
<input type="checkbox"/> Active Duty:		<input type="checkbox"/> Full Military Honors (Flag Fold, Taps, Firing Party, Pallbearers)					
		<input type="checkbox"/> Colors <input type="checkbox"/> Chaplain					
NEXT OF KIN INFORMATION (Only blocks 14-16 Required)							
14. Name (Last, First, M.)			15. Phone Number			16. Relationship to Deceased	
17. Address			18. City	19. State	20. Zip Code		<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker <input type="checkbox"/> Other
FUNERAL HONORS LOCATION INFORMATION							
21. Location Name			22. Point of Contact			23. Phone Number	
24. Location Address			25. City		26. State	27. Zip Code	
28. Funeral Date		29. Honors Start Time (time ceremony will begin)	30. Location Type			31. Remains:	
			<input type="checkbox"/> Church Cemetery <input type="checkbox"/> Private Cemetery <input type="checkbox"/> Funeral Home Cemetery <input type="checkbox"/> Other			<input type="checkbox"/> Casket <input type="checkbox"/> Urn <input type="checkbox"/> No Casket/ Urn	
32. Will a VSO (Veteran Service Organization) be participating? : Yes No <i>If so, Which Org?</i>			FLAG MUST BE PROVIDED BY FUNERAL DIRECTOR OR FAMILY Take DD Form 214 and death certificate to local Post Office to obtain a flag				
33. Additional Note(s):							

SECTION 2: REQUESTING INSTRUCTIONS/INFORMATION
To schedule military funeral honors, the following must be accomplished:
<input type="checkbox"/> Notify Ellsworth AFB Honor Guard with 48 hours, or more notice if possible, to request funeral honors.
<input type="checkbox"/> Call (605) 385-1186 if funeral is to be scheduled AND performed within the next 24 hours.
<input type="checkbox"/> Ensure each block on this request form is accurately filled out. If handwritten, please ensure that all information is legible.
<input type="checkbox"/> Provide a copy of the deceased member's DD Form 214 or equivalent documentation.
<input type="checkbox"/> Email this completed request form with the members DD Form 214. (Contact info at top of form.)
Submission of this form is NOT an official request. You MUST get verbal/electronic confirmation from our office!
<input type="checkbox"/> If you have not received confirmation within one business day of submission, please follow up with our office at 605-385-1186

SECTION 3: INTERNAL USE ONLY (ELLSWORTH HONOR GUARD ADMIN)				
	Personnel Taking Request	Entered into HG Database?	Confirmed with POC?	Entered into AFMAO Monthly?
_____ Assembly [AT] (AT – 1hr)	Name:	Name:	<input type="checkbox"/> Email	Name:
_____ Departure [DT] (travel time + 30mins)	Date:	Date:	<input type="checkbox"/> Phone	Date:
_____ Location [LT] (CT – 60mins)	Time:	Detail#	By:	
_____ Ceremony Time [CT]				