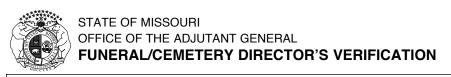
THIS FORM ONLY:

e-mail: MFHDirector@mong.mo.gov

FAX: (573) 638-9581



MMFHP REQUEST NO.

The purpose is to provide third party	y verification that Military Fu	neral Honors were provided so teams
may be reimbursed for their service	S.	
This is to confirm that on	(DATE)	Military Funeral Honors for
(NAME	E OF DECEASED VETERAN)	were provided by:
VETERAN'S ORGANIZATION AND POST #		
MISSOURI MILITARY FUNERAL HONORS TEAM		
MILITARY HONORS WERE PROVIDED IN AN ACCEPTABLE Yes No	MANNER	
TAPS WAS PROVIDED IN AN ACCEPTABLE MANNER Yes No	LIVE BUGLER'S NAME	
COMMENTS AND/OR RECOMMENDATIONS FOR IMPROVEN	 MENT	
	Law	
FUNERAL HOME, STATE OR NATIONAL CEMETERY	CITY	
FUNERAL HOME, STATE, OR NATIONAL CEMETERY REPRE	ESENTATIVE'S SIGNATURE	