



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) 638-9562 (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)
EMAIL: MFHCOORD@MONG.MO.GOV

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		EMAIL <div style="border: 1px solid black; padding: 5px; text-align: center;">Flag Folding and Presentation will be provided by Two Uniformed Service Members (VSO if Requested Below).</div>	
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
FH _____			TO
TM _____			<input type="checkbox"/> NAVY
AC _____			<input type="checkbox"/> MARINES
VSO _____			<input type="checkbox"/> AIR FORCE
			<input type="checkbox"/> COAST GUARD
			<input type="checkbox"/> ARMY
			DATE/TIME CONFIRMED BY