

# SCOTT AIR FORCE BASE HONOR GUARD MILITARY FUNERAL HONORS REQUEST



**Privacy Act Statement**

AUTHORITY: Title 10 United States Code and Title 5 United States Code 552A; and Public Law 106-65  
 PURPOSE: Information is used to arrange and facilitate military funeral services for entitled retired and active duty military personnel.  
 ROUTINE USES: This information will be provided and obtained from and for necessary entities when arranging military funeral honors.  
 DISCLOSURE: Mandatory. Military honors at funeral services cannot be obtained without this information.

**PLEASE COMPLETE THIS FORM AND RETURN IT USING THE CONTACT INFORMATION BELOW**

\*IF YOUR REQUEST IS NOT MADE AT LEAST 48 HOURS IN ADVANCE, WE CANNOT GUARANTEE SUPPORT.\*  
 \*A DD FORM 214 IS REQUIRED TO DEMONSTRATE ENTITLEMENT OF MILITARY FUNERAL HONORS.\*

**Funeral Home or Family Must Provide a Flag**

FLAG TYPE  FOLDED  DRAPED

NAME OF DECEASED \_\_\_\_\_ SSN \_\_\_\_\_

BRANCH OF SERVICE:  USAF  USAAC  USAAF  
 STATUS  VETERAN  RETIREE  ACTIVE DUTY

**REQUESTED HONORS INFORMATION**

DATE \_\_\_\_\_ Day of the Week **MON/TUE/WED/THU/FRI/SAT/SUN**  
 TIME \_\_\_\_\_  CENTRAL  EASTERN

NAME OF LOCATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ CHANGING AREA  YES  NO

Is the decedent a convicted felon or registered sex offender? YES  NO

Have you contacted anyone else for this honors request?  
 (ex. VSO, VFW, American Legion or any other United States service (Army, Marines, or Navy))

REMAINS CONDITION  CASKET  CREMATION  MEMORIAL

FUNERAL HOME NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

FUNERAL DIRECTOR NAME: \_\_\_\_\_

Primary Next-of-Kin \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship \_\_\_\_\_

Address of Next of Kin \_\_\_\_\_

**HONOR GUARD PERSONNEL USE ONLY BELOW**

**If you have not received confirmation that we have received this request within 24 hours please give us a call.**

**SAFB HONOR GUARD CONTACT INFORMATION**

**E-MAIL: 375SVS.SVMHG@US.AF.MIL**

**FAX: (618) 256-7462**

**OFFICE PHONE: (618) 256-4586**

**HOURS: Monday – Friday 0730 - 1630**

**AFTER HOURS CELL: (618) 210-1176**

**SUPERINTENDENT CELL: (618) 520-4967**

NPB \_\_\_\_\_

Fold \_\_\_\_\_

Mark \_\_\_\_\_

X-Mark \_\_\_\_\_

Carry \_\_\_\_\_

Hand Off \_\_\_\_\_

NFP \_\_\_\_\_

Vehicle \_\_\_\_\_

Scott: Hours \_\_\_\_\_ Min \_\_\_\_\_ Miles \_\_\_\_\_

FOB: Hours \_\_\_\_\_ Min \_\_\_\_\_ Miles \_\_\_\_\_

TDY: Hours \_\_\_\_\_ Min \_\_\_\_\_ Miles \_\_\_\_\_

Confirmed By \_\_\_\_\_ at \_\_\_\_\_ Hours, on \_\_\_\_\_