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NOTE: Military Funeral Honors request must be submitted the day prior to the service requested. This office cannot quarantee requests with fewer than 48 hours notice. Requests for Saturday, Sunday and Monday must be submitted by 1500 on the Friday prior. This office is closed on weekends, family days, and holidays unless we are providing honors. Please utilize our office phone M-F 0800-1600 or after-hours cell phone to

			receipt of fax				
	-	equestor (Funer	al Director/Fa	amily Membe	<u>r)</u>		
	<u>Name:</u> Funeral Home:						
	Address:				-		
	Phone:						
	E-mail:						
	<u>L-111011.</u>						
		Military Memb	er Information				
	Name of Deceased:						
	Rank/Grade (i.e. SMSgt	/E8 or Col/06):					
	Social Security Number	:					
	Service Branch (check o	-	USAAF	USSF	USAFR	ANG	
	Duty Status (check one)		Active Duty	•	Funeral Honors		
			Retired		, Flag Fold, Firing	Party, Taps	
			Veteran	Flag Fold, Tap	<i>18</i>		
		Next of	f Kin Informatio	on:			
	NOK Name:						<u>-</u>
	Relationship to Decease	d:					_
	Address:						_
	<u>Phone:</u>						_
		Fui	neral Honors l	nformation			
	D (T: 15 1)			mor manon			
	Date/Time of Funeral or Mer	norial Service to	ır MFH:	<i>D</i> _4_			Time
	N			Date		•	IIIIE
	Name of Funeral Honors Loc	ation:					
	Address of Funeral Honors:						
	Location type (check one):	NATIONAL CEM	ETERY/ GR/	AVE SITE/	MOSULEUM	/ CHUR	CH/CHAPEL/ Other
	Туј	ce of Internment	(check one):	CASKET	/ CREMAIN	HTO \ 2	ER:
						_	
Form 27-2008 wit	or Guard is not capable of p h an attached copy of DD22	L4 to a local US	Post Office or				
mation: <u>http://ww</u>	v.va.gov/oal/docs/goverment	/sac/memo/96-1	<u>.3-U1.pdf</u>				
			Guard Use C	Only:			
Verified by:	Date/Ti	me Request:			Add	ed to Cal	endar:

DAF Form 1946 Completed:_____