

OREGON MILITARY FUNERAL HONORS REQUEST FORM

Military Honors Department

Phone: 503-460-6933 Fax: 503-460-6937

Email: NG.OR.ORARNG.LIST.FUNERAL-HONORS@MAIL.MIL

¹ Date / Time Request Submitted:		² Date / Time for Honors Ceremony:	
^{3a} Veteran Authorized Requests: <input type="checkbox"/> Flag Presentation <input type="checkbox"/> Taps		^{3b} Additional Honors Reserved for RETIREES ONLY: <input type="checkbox"/> Firing Party <input type="checkbox"/> Pallbearers	
⁴ Type of Remains Present at Service: <input type="checkbox"/> Casket <input type="checkbox"/> Cremations <input type="checkbox"/> No Remains Present (Memorial)		Notes:	
⁵ Deceased Name: (Last, First, Middle)		⁶ Branch of Service:	⁷ Status: (Check one) <input type="checkbox"/> Veteran <input type="checkbox"/> Retiree
		⁸ Rate / Rank:	
⁹ SSN:	¹⁰ Date of Birth: (mm/dd/yyyy)	¹¹ Date of Death:	¹² How Was * Eligibility Verified? <input type="checkbox"/> DD-214 <input type="checkbox"/> NGB-22 <input type="checkbox"/> Discharge Cert.
¹³ Name of next of kin:		¹⁴ Telephone Numbers: Day: _____ Evening: _____	

* A copy of members DD-214, NGB-22 or discharge certificate MUST be provided to receive military funeral honors.

MORTUARY / FUNERAL HOME INFORMATION

¹⁵ Mortuary / Funeral Home Name:	¹⁶ POC: (Point of Contact)
¹⁷ Address:	¹⁸ Phone:
¹⁹ City / State/ Zip:	²⁰ Mortuary is Providing Flag? <input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION OF MILITARY HONORS

²¹ Location Name:	²² POC:
²³ Address:	²⁴ Phone:
²⁶ City / State/ Zip:	²⁷ How will TAPS be provided? <input type="checkbox"/> Funeral Home <input type="checkbox"/> Military Honors Member
²⁸ Person to Receive Flag:	²⁹ Relationship to Deceased:

Fax or email this form AND verification of eligibility to Oregon Military Funeral Honors.

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