



DEPARTMENT OF THE NAVY

NAVY REGION NORTHWEST
1100 HUNLEY ROAD
SILVERDALE, WASHINGTON 98315-1100

1700
Ser N00/4895
30 Dec 09

Dear Funeral Home Director:

SUBJECT: MILITARY FUNERAL HONORS

Due to increased funeral honors requests and reduced Navy manning throughout the region, Navy Region Northwest must limit funeral honors support for Navy retirees and veterans to a three-member team. We will continue to provide full honors comprised of a 14-member team to Medal of Honor recipients and active duty members.

Please use the enclosed form to request funeral honors. Your request should be received (along with proof of service) at least two business days prior to the scheduled service, and may be faxed to the Regional Funeral Honors Support Office at (360) 315-4999. Upon our receipt of the enclosed form, you will be contacted by a Navy representative who will confirm the Navy's support and attendance.

If you have any questions or concerns, please contact Ms. Jerri Soula at (866) 394-9249 (toll free) or (360) 315-3274.

Sincerely,

A handwritten signature in black ink, appearing to read "James A. Symonds", is written over the typed name.

JAMES A. SYMONDS
Rear Admiral, U.S. Navy

Enclosure: 1. Military Funeral Honor Request Form



NAVY REGION NORTHWEST
US NAVY FUNERAL HONORS REQUEST FORM

360-315-3273/3275 (Office)

360-315-4999 (Fax)

Requester Name: _____

Funeral Home or Organization Name: _____

Full Mailing Address: _____

Phone Number: _____ Cell: _____

Deceased's Info:

Name of Deceased: _____

SSN: _____ YRS in Service: _____

Date of Birth: _____ Date of Death: _____

Proof of Honorable Discharge: yes no (If not available - see note below)

Name of Person to Receive Flag: _____

Mailing Address: _____

City, State and Zip: _____

Relationship to Deceased: _____

Service Info: ANY CHANGES TO LOCATION OF SERVICE, PLEASE NOTIFY NAVY REGION NORTHWEST IMMEDIATELY @ 360-315-3273/3275 (0700-1600), AFTER 1600 PLEASE CONTACT OUR ROC @ 360-315-5123

Day, Date & Time of Honors: _____

Name and Address of where the honors are going to be rendered:

Name: _____

Street Address: _____

City & State: _____ County: _____

Location a Cemetery, Funeral Home Chapel, Church or other: _____

Casket, Urn or No Remains Present: _____

Type of Honors Requested (please circle)

Flag Presentation Only (Pre-folded) (1 Sailor): yes no

Taps Only (1 Sailor): yes no

Flag Presentation (Pre-folded) & Taps (2 Sailors): yes no

Flag Fold & Presentation Only (2 Sailors): yes no

Flag Fold, Presentation & Taps (3 Sailors): yes no

VSO Participation: yes no

Nat'l Guard Participation: yes no

NOTE: Honors include the playing of Taps via Ceremonial Bugle and the folding and presentation of the flag. Full military honors are reserved for Medal of Honor recipients or Active Duty members who die in the line of duty. Fax completed form to our office along with a copy of the deceased's DD214, Notice of Separation or Certificate of Honorable Discharge. **IF proof is not available please contact the National Public Records Center at 314-801-0800 to obtain a copy.** If the service that you are requesting is within 24 hours and/or after our office has closed (normal hours of operation are Monday-Friday 0700-1600 PST, excluding all Federal Holidays), please contact the Regional Operations Center Staff Duty Officer at 360-315-5123 for assistance.