

OREGON MILITARY FUNERAL HONORS REQUEST FORM

Military Honors Department

Phone: 503-460-6933

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 |
| ⁹ SSN: | | ¹⁰ Date of Birth: (mm/dd/yyyy) | ⁸ Rate / Rank: |
| 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

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| 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: | ^{28a.} Relationship to Deceased: |

Email this form AND verification of eligibility to Oregon Military Funeral Honors.

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