

LANGLEY AIR FORCE BASE MILITARY FUNERAL HONORS REQUEST

<https://jbleforcesupport.com/honor-guard/>

E-mail: honor.guard.langley@us.af.mil
DSN: 574-7181

Office Hours: Mon-Fri: 0800-1600
 Sat-Sun: On-Call
 Holidays: On-Call

Phone: (757)764-7181
Cell: (757)810-9499

INSTRUCTIONS:

***1* indicates mandatory field. E-mail or Fax completed request sheet to address/number above. Call Honor Guard to confirm receipt of request.** Honor Guard will make every effort to notify the requestor by phone regarding cancellation or modification. If there are any questions notify the Langley Base Honor Guard Manager.
- ATTACH PROOF OF HONORABLE MILITARY SERVICE (i.e. DD Form-214, DD Form-256, VA Military Service Data)

A. DECEASED INFORMATION

1. SSN:	*2. NAME OF DECEASED*: (Last Name, First Name, MI, Suffix)	*FELONY CONVICTION?* <input type="checkbox"/> NO <input type="checkbox"/> YES - call HG
3. ADDRESS (Next of Kin):	4. ADDRESS(2):	
5. CITY:	6. STATE:	7. ZIP:
8. PARENT SERVICE COMPONENT:	9. GRADE/RANK:	
10. DUTY STATUS: <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> VETERAN		

B. COORDINATORS INFORMATION

11. REQUEST SUBMISSION DATE:	12. *REFERRER* (Funeral Home/Family Member/Casualty Assistance Officer):	13. PHONE:
14. TYPE OF SERVICE: <input type="checkbox"/> INTERMENT <input type="checkbox"/> VAULT LID <input type="checkbox"/> CHAPEL <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> MEMORIAL <input type="checkbox"/> ENTOMBMENT	*15. REMAINS*: <input type="checkbox"/> CASKET <input type="checkbox"/> CREMATED _____ WEIGHT EST.	16. Will there be any other Honor Guard there (i.e. VFW, F.D., Police)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, whom?

***17. Honors Requested*:** Flag Fold & Presentaion Taps Firing Party* Pall Bearers*

SPECIAL REQUESTS/ COMMENTS:

C. NEXT OF KIN INFORMATION

18. NAME OF NEXT OF KIN:	19. RELATIONSHIP:	20. PHONE NUMBER:
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D. LOCATION TO PERFORM HONORS

21. CEMETERY: <input type="checkbox"/> National <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> Base/Post <input type="checkbox"/> Chapel <input type="checkbox"/> Funeral Home <input type="checkbox"/> Other		
22. LOCATION NAME:		*23. STATE*:
24. ADDRESS(1):	25. ADDRESS(2):	
26. CITY:	27. ZIP:	
28. COUNTY:	29. PHONE:	30. WEBSITE:

E. POINT OF CONTACT INFORMATION

31. POC THE DAY OF SERVICE (Last Name, First Name):	*32. POC PHONE*:	33. POC CELL:
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F. SCHEDULING INFORMATION

34. DATE OF HONORS:	*35. STARTING TIME*:
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NOTES:

- The Honor Guard does not provide burial flags. To apply for a burial flag, please visit: <https://www.va.gov/opal/nac/sdc/faqBurialFlags.asp>
- The Honor Guard will arrive at location **one** hour prior to the provided starting time. (Item 35 above)
- If no physical address, please attach directions from LANGLEY AFB 23665.
- Please submit request at least 48-hours prior to the event to the maximum extent possible.
- Military funeral honors range from 2-20 personnel and consist of at minimum a flag fold and presentation to the Next of Kin and the playing of Taps.

INTERNAL USE ONLY

REVIEWED BY: _____ DATE _____ INITIALS _____