

COLUMBUS AIR FORCE BASE HONOR GUARD REQUEST	
Email: 14FSS.CAFB.HonorGuard@us.af.mil	24/7 Phone Number: (662) 364-0868
Email a copy of this request along with a <i>legible</i> DD-214 or other documentation showing proof of service and honorable discharge. Requests without proof of service will not be honored. WE DO NOT ACCEPT FAXES.	
ALL requests MUST be confirmed verbally through the 24/7 Phone Number or they will not be honored.	

1. Has the deceased member committed a Federal or State capital crime and the conviction is final? Yes No
2. Was the deceased member discharged from the military under less than "Honorable" conditions? Yes No
- If YES to either question, the deceased is NOT entitled to Military Honors

Columbus Honor Guard will arrive no later than **1 Hour** prior to the scheduled interment time and will remain in place no later than **1 Hour** after the scheduled interment time if the team has had zero contact with the requestor(s). Honors will consist of a 2-person flag fold, the playing of Taps on a ceremonial bugle, and flag presentation of the Next of Kin, unless otherwise discussed and coordinated. Flags will **NOT** be provided by the Honor Guard team for keeping.

DECEASED INFORMATION			
NAME OF DECEASED	PAY GRADE	SSN	MILITARY STATUS
			VETERAN (2-19 YEARS OF SERVICE)
			RETIREE (20 OR MORE YEARS OF SERVICE)
			ACTIVE DUTY
REMAINS (CHOOSE AN ITEM)			
URN HOUSING REMAINS	CASKET HOUSING REMAINS	BELOW GROUND VAULT TO INTER REMAINS	
ABOVE GROUND VAULT TO INTER REMAINS	MAUSOLEUM TO INTER REMAINS	OTHER (PLEASE CALL)	

MILITARY HONORS LOCATION INFORMATION			
DATE: _____ TIME: _____ LOCATION NAME: _____ LOCATION TYPE: _____			
ADDRESS: _____			
CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____			

FUNERAL HOME AND REQUESTOR INFORMATION			
REQUESTED BY: _____ EMAIL: _____			
FUNERAL HOME NAME: _____ ADDRESS: _____			
CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____			

NEXT OF KIN INFORMATION			
RELATIONSHIP TO THE DECEASED: _____			
NAME: _____ ADDRESS: _____			
CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____			

THE FAMILY HAS BEEN BRIEFED ON THE TYPE OF MILITARY HONORS THEIR LOVED ONE IS ELIGIBLE TO RECEIVE. THEY UNDERSTAND THE ELIGIBILITY CRITERIA AND RENDER THE FOLLOWING DECISION:
Family concurs with the eligibility criteria that the loved one is authorized and the family desires to have the above honors so rendered.

FUNERAL DIRECTOR/REQUESTOR SIGNATURE: _____

DATE AND TIME OF REQUEST: _____