

SCSG Honor Guard Military Funeral Honors Request Form

DECEASED INFORMATION		
1a. Name: (Last, First MI)	1b. Rank/Grade	1c. SSN:
1d. Branch of Service:	1e. Period of Service: (DD/MMM/YY) From: _____ To: _____	
1f. Type of Discharge: (Please check status of veteran)	1g. Date of Birth: (DD/MMM/YY) / Date of Death: (DD/MMM/YY)	
<input type="checkbox"/> Veteran-Non-Retired		
<input type="checkbox"/> Veteran-Retired/Medal of Honor		
PRIMARY NEXT OF KIN INFORMATION		
2a. Primary Next of Kin: (Last Name, First MI)	2b. Relationship:	
FUNERAL INFORMATION		
3a. Funeral Director:	3b. Contact Number:	
3c. Funeral Home Name:	3d. Phone Number:	
3e. Funeral Home Address:		
4a. Name of (church, synagogue, mosque, etc.):	4b. Funeral Date: (DD/MMM/YY)	4c. Funeral Time:
4d. Funeral Service Address:	4e. County:	
5a. Interment/Cemetery Name:	5b. Interment Date: (DD/MMM/YY)	5c. Interment Time:
5d. Interment/Cemetery Address:		
6a. Detail to Report to: (Name of Location)	6b. Report Time:	
HONORS REQUESTED		
7a. Please select requested honors (Reference Block 1f).		
<input type="checkbox"/>	2-Soldier Flag Detail w/Taps (non-Retired Veteran)	
<input type="checkbox"/>	Full military Honors (Retired Veteran, Active Duty Soldier, Medal of Honor Recipient)	
7b. Please indicate requested services for full military honors.		
<input type="checkbox"/>	Flag fold	
<input type="checkbox"/>	Bugler	
<input type="checkbox"/>	Firing Party	
<input type="checkbox"/>	Casket Team	
<input type="checkbox"/>	Special Request (Specify when submitting form)	
7c. Weight of casket including deceased:		
Please complete appropriate areas and email this form with DD Form 214 / NGB22:		
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