

**Arizona**  
**Request for Army National Guard Honor Guard**

**Section 1 – General Information**

Funeral Home: \_\_\_\_\_ Address: \_\_\_\_\_

Funeral Home Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Section 2 – Deceased Information**

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

SSN: \_\_\_\_\_ Service Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Period of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Next-of-Kin: \_\_\_\_\_

Address of Next-of-Kin: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Who Will Receive Flag and Relationship to Deceased: \_\_\_\_\_

**Section 3 – Burial Information**

Service at: \_\_\_\_\_ Time of Service: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Funeral Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Actual Time of Honors: \_\_\_\_\_

Casket: \_\_\_\_\_ Cremation: \_\_\_\_\_ Type of Service: Interment  
Chapel  
Memorial

Special Requests or Remarks: \_\_\_\_\_

**Section 4 – Verification Documentation**

DD Form 214: \_\_\_\_\_ Statement of Service: \_\_\_\_\_ Twenty Year Letter: \_\_\_\_\_

**Military Funerals Contact Information**

**Office: (602) 629-4310**

**Cell: (602) 329-2108**

**Fax: (602) 267-2461**