



STATE OF MISSOURI  
OFFICE OF THE ADJUTANT GENERAL  
**MISSOURI MILITARY FUNERAL HONORS REQUEST**  
Honoring Those Who Served on Behalf of a Grateful Nation

FAX LOCAL (573) 638-3847 OR (573) 638-9581  
VOICE LOCAL (573) 638-9500 EXT. 37142 OR 37143  
VOICE TOLL FREE 1-877-221-6361 (OPTION 1 OR 3)

MMFHP REQUEST NO.		Please FAX this form and <b>verification of military service (Required by Law)</b> as soon as possible. Funeral Director must provide the U.S. flag for the service.		NGB DATABASE REQUEST NO.	
VETERAN'S NAME			VERIFYING DOCUMENT <input type="checkbox"/> DD214 <input type="checkbox"/> NGB22 <input type="checkbox"/> ORDERS		RANK
SOCIAL SECURITY NUMBER (REQUIRED BY THE DOD)		BRANCH OF SERVICE (CHECK ONE) <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army Air Corps <input type="checkbox"/> Other _____			
DATE OF BIRTH		DATE OF DEATH		CITY OF DEATH	
STATUS <input type="checkbox"/> Veteran <input type="checkbox"/> Retired Military		WARTIME SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No		PRISONER OF WAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE OF HONORS		FUNERAL TIME		TIME OF HONORS	
CEMETERY/LOCATION OF HONORS			CITY		ZIP CODE
ADDRESS/DIRECTIONS				COUNTY	
FUNERAL HOME		ADDRESS			CITY
POINT OF CONTACT			TELEPHONE NUMBER		FAX NUMBER
WHAT DID THE VETERAN'S FAMILY REQUEST? (CHECK ALL THAT APPLY)					
<input type="checkbox"/> Full Military Honors (Consisting of Firing Party, Taps, Flag Folding and Presentation) <input type="checkbox"/> Firing Party <input type="checkbox"/> Taps <input type="checkbox"/> Flag Folding and Presentation					
Flag Folding and Presentation will be provided by Two Uniformed Service Members <b>(VSO if Requested Below)</b> .					
TYPE OF REMAINS (CHECK ONE)					
<input type="checkbox"/> Remains (Casket) <input type="checkbox"/> Creains (Urn) <input type="checkbox"/> Memorial (None)					
<b>FUNERAL DIRECTOR'S REMARKS (Special Requests)</b>					
REMARKS					
IS THERE A VETERAN'S GROUP YOU PREFER TO USE? <input type="checkbox"/> Yes <input type="checkbox"/> No			NAME OF VETERAN'S SERVICE ORGANIZATION		
HAVE YOU CONTACTED THEM? <input type="checkbox"/> Yes <input type="checkbox"/> No		DID THEY CONFIRM <input type="checkbox"/> Yes <input type="checkbox"/> No		VETERAN'S GROUP POINT OF CONTACT	
NEXT OF KIN			RELATIONSHIP		TELEPHONE NUMBER
ADDRESS					
<b>MISSOURI MILITARY FUNERAL HONORS USE ONLY</b>					
CONFIRMATION (NAME/ORG)		<input type="checkbox"/> FAXED <input type="checkbox"/> EMAILED TO <input type="checkbox"/> NAVY <input type="checkbox"/> MARINES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> ARMY			
FH _____		DATE/TIME CONFIRMED BY			
TM _____					
AC _____					
VSO _____					