HONOR GUARD CHECKLIST

INSTRUCTIONS: The Mortuary Officer will sign and complete appropriate items for each honors ceremony requested. If request is not approved indicate circumstances and justification, then forward a copy of completed form to HQ Air Force Mortuary Affairs and if required to your MAJCOM.

SECTION I. HONORS REQUEST DATA

1. HONOR GUARD INSTALLATION ADDRESS *(Include ZIP code)*	2. NAME/ADDRESS OF HONORS REQUESTER)	3. TELEPHONE *(Cell/Non-Duty Number)*
96 FSS/FSZH (Honor Guard) 101 Chinquapin Drive - Bldg 2398 Eglin Air Force Base, FL 32542 (850)-882-2156		4. DATE/TIME REQUEST SUBMITTED

5. TYPE OF HONORS REQUESTED		6. LOCATION FOR HONORS PRESENTATION	
☐ FUNERAL SERVICE	☐ DISTINGUISHED PERSON	☐ GOVERNMENT CEMETERY	☐ FUNERAL HOME CHAPEL
☐ MEMORIAL SERVICE	☐ COMMUNITY FUNCTION	☐ PRIVATE CEMETERY	☐ ON BASE
☐ CHANGE OF COMMAND	☐ OTHER *(Specify)*	☐ CHURCH	☐ OTHER *(Specify)*

SECTION II. INFORMATION FOR FUNERAL OR MEMORIAL HONORS

7. NAME OF DECEASED	8. GRADE	9. SSN	10. SERVICE BRANCH	11. DUTY STATUS	12. AERONAUTICAL RATING *(Active duty only)*

13. NAME/ADDRESS/TELEPHONE OF NEXT OF KIN OR REPRESENTATIVE	14. FUNERAL HOME INFORMATION/ CASKETED OR URN/FLAG PROVIDED?
	CASKET: ☐ **URN:** ☐ **FLAG PROVIDED: Y** ☐ **N** ☐

15. DATE/TIME OF SERVICE	16. LOCATION OF SERVICE	17. NAME/ADDRESS OF CEMETERY

SECTION III. INFORMATION FOR FUNCTIONS OTHER THAN FUNERAL OR MEMORIAL SERVICE

18. ADDRESS FOR FUNCTION	19. DATE AND TIME OF FUNCTION	20. POINT OF CONTACT WITH NAME/PHONE (*Include Cell Number*)	21. FUNCTION DESCRIPTION

SECTION IV. FACTS AND ACTIONS TAKEN FOR REQUESTED HONORS

22. HONORS REQUEST	23. NAME OF APPROVING/DISAPPROVING OFFICIAL	24. DATE AND TIME
☐ APPROVE ☐ DISAPPROVE	Dacorious D. Thames / E-6	

25. REASON FOR DISAPPROVAL:

26. HONORS ELEMENTS AND MILITARY PERSONNEL PROVIDED				
☐ PALLBEARERS	☐ FIRING PARTY	☐ COLOR GUARD	☐ OTHER	
☐ BUGLER	☐ CHAPLAIN	☐ DRILL TEAM	☐ FLYOVER *(If approved list aircraft resource)*	
☐ HONORARY PALLBEARERS	☐ MEMBER IN CHARGE	☐ ONE REPRESENTATIVE		

27. NAME/GRADE OF HONOR GUARD CONTACT	28. NAME/GRADE OF CHAPLAIN CONTACT	29. NAME/GRADE OF FLYOVER CONTACT

30. INSPECTION AND COMMENTS	YES	NO
a. PARTICIPANTS BRIEFED AND INSPECTED PRIOR TO RELEASE FOR CEREMONY	☐	☐
b. ALL PARTICIPANTS RECEIVED TRAINING PRIOR TO CEREMONY	☐	☐
c. ALL PARTICIPANTS DRESSED IN PRESCRIBED UNIFORMS	☐	☐

31. UNUSUAL CIRCUMSTANCES RESULTING IN UNFAVORABLE REFLECTION ON AIR FORCE ☐ NO ☐ YES *(If Yes, explain in 39. Remarks)*

32. NAME/GRADE OF HONOR GUARD COMMANDER	SIGNATURE

SECTION V. RESOURCE EXPENSE DATA

33. TIME SPAN OF ACTIVITY	34. ACTIVITY MILEAGE ONE WAY	35. DRIVER ☐ MILITARY ☐ CIVILIAN

36, TYPE VEHICLES USED ☐ MILITARY STAFF CAR ☐ MILITARY BUS ☐ PRIVATE CAR ☐ PRIVATE BUS ☐ OTHER

37. TOTAL NUMBER MAN-HOURS SPENT [ ] LOCAL [ ] TDY

38. COSTS INCURRED

a. MANPOWER *(Average hourly wage (see AFI 65-503) times number participants times activity time span)*	**$**
b. TRAVEL *(Standard vehicle operating cost times number of vehicles and round trip miles.) Obtain per mile cost from Vehicle Maintenance Control and Analysis Office.*	**$**
c. PER DIEM/LODGING *(Total for all participants)*	**$**
d. OTHER *(Hiring bugler, etc.)*	**$**
e. TOTAL COST FOR THIS CEREMONY	**$**

39. REMARKS: *(Continue on reverse if necessary)*

40. NAME AND GRADE OF CHIEF OF SERVICES (Mortuary Officer)	SIGNATURE