

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 <i>(Include ZIP code)</i> 96 FSS/FSZH (Honor Guard) 101 Chinquapin Drive - Bldg 2398 Eglin Air Force Base, FL 32542 (850)-882-2156 | 2. NAME/ADDRESS OF HONORS REQUESTER | 3. TELEPHONE <i>(Cell/Non-Duty Number)</i> |
| | | 4. DATE/TIME REQUEST SUBMITTED |
| 5. TYPE OF HONORS REQUESTED | | |
| <input type="checkbox"/> FUNERAL SERVICE | <input type="checkbox"/> DISTINGUISHED PERSON | <input type="checkbox"/> GOVERNMENT CEMETERY |
| <input type="checkbox"/> MEMORIAL SERVICE | <input type="checkbox"/> COMMUNITY FUNCTION | <input type="checkbox"/> PRIVATE CEMETERY |
| <input type="checkbox"/> CHANGE OF COMMAND | <input type="checkbox"/> OTHER <i>(Specify)</i> | <input type="checkbox"/> CHURCH |
| | | <input type="checkbox"/> FUNERAL HOME CHAPEL |
| | | <input type="checkbox"/> ON BASE |
| | | <input type="checkbox"/> OTHER <i>(Specify)</i> |

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 <i>(Active duty only)</i> |
| 13. NAME/ADDRESS/TELEPHONE OF NEXT OF KIN OR REPRESENTATIVE | | | 14. FUNERAL HOME INFORMATION/ CASKETED OR URN/FLAG PROVIDED? CASKET: <input type="checkbox"/> URN: <input type="checkbox"/> FLAG PROVIDED: Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| | | | | | |

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 <i>(Include Cell Number)</i> | 21. FUNCTION DESCRIPTION |
|--------------------------|-------------------------------|---|--------------------------|

SECTION IV. FACTS AND ACTIONS TAKEN FOR REQUESTED HONORS

| | | | |
|---|---|--|--|
| 22. HONORS REQUEST | <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE | 23. NAME OF APPROVING/DISAPPROVING OFFICIAL ROBERT J. JOYCE/E-7 | 24. DATE AND TIME |
| 25. REASON FOR DISAPPROVAL: | | | |
| 26. HONORS ELEMENTS AND MILITARY PERSONNEL PROVIDED | | | |
| <input type="checkbox"/> PALLBEARERS | <input type="checkbox"/> FIRING PARTY | <input type="checkbox"/> COLOR GUARD | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> BUGLER | <input type="checkbox"/> CHAPLAIN | <input type="checkbox"/> DRILL TEAM | <input type="checkbox"/> FLYOVER <i>(If approved list aircraft resource)</i> |
| <input type="checkbox"/> HONORARY PALLBEARERS | <input type="checkbox"/> MEMBER IN CHARGE | <input type="checkbox"/> 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 | | | <input type="checkbox"/> <input type="checkbox"/> |
| b. ALL PARTICIPANTS RECEIVED TRAINING PRIOR TO CEREMONY | | | <input type="checkbox"/> <input type="checkbox"/> |
| c. ALL PARTICIPANTS DRESSED IN PRESCRIBED UNIFORMS | | | <input type="checkbox"/> <input type="checkbox"/> |
| 31. UNUSUAL CIRCUMSTANCES RESULTING IN UNFAVORABLE REFLECTION ON AIR FORCE <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If Yes, explain in 39. Remarks)</i> | | | |
| 32. NAME/GRADE OF HONOR GUARD COMMANDER ROBERT J. JOYCE/E-7 | | SIGNATURE | |

SECTION V. RESOURCE EXPENSE DATA

| | | |
|---|------------------------------|--|
| 33. TIME SPAN OF ACTIVITY | 34. ACTIVITY MILEAGE ONE WAY | 35. DRIVER <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN |
| 36. TYPE VEHICLES USED <input type="checkbox"/> MILITARY STAFF CAR <input type="checkbox"/> MILITARY BUS <input type="checkbox"/> PRIVATE CAR <input type="checkbox"/> PRIVATE BUS <input type="checkbox"/> OTHER | | |
| 37. TOTAL NUMBER MAN-HOURS SPENT [] LOCAL [] TDY | | |
| 38. COSTS INCURRED | | |
| a. MANPOWER <i>(Average hourly wage (see AFI 65-503) times number participants times activity time span)</i> | | \$ |
| b. TRAVEL <i>(Standard vehicle operating cost times number of vehicles and round trip miles.) Obtain per mile cost from Vehicle Maintenance Control and Analysis Office.</i> | | \$ |
| c. PER DIEM/LODGING <i>(Total for all participants)</i> | | \$ |
| d. OTHER <i>(Hiring bugler, etc.)</i> | | \$ |
| e. TOTAL COST FOR THIS CEREMONY | | \$ |
| 39. REMARKS: <i>(Continue on reverse if necessary)</i> | | |
| 40. NAME AND GRADE OF CHIEF OF SERVICES (Mortuary Officer) | | SIGNATURE |

