

MILITARY FUNERAL HONORS (MFH) REQUEST FORM



**U. S. Coast Guard (MFH)
Eighth District
Regional Coordinator
Base New Orleans**

Contact Information:
(w) (504) 253-4827/4793
(c) (504) 628-5177
(f) (504) 253-4826

Date of Request: _____
Time of Request: _____

FUNERAL INFO: Date/Time & Honors Desired:	Choose One: Burial at Sea National Cemetery Casket or Urn Private Cemetery
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Name of Deceased: (Last, First, Middle):	Rank:	Branch of Service: US Coast Guard	Vet: Yes/No	Service Yrs:
SSN:	Birthday:	Date of Death:	Eligibility Verified:	

LOCATION OF FUNERAL OR SERVICES				
Choose One:	Cemetery	Chapel	Funeral Home	Other (explain below)
Location Name:			Phone #:	
Address:			POC Name:	
City/State/Zip:				

NEXT OF KIN INFORMATION	
Person to receive flag:	Relationship:
Address:	POC:
City/State/ Zip:	Phone #:

MORTUARY/FUNERAL HOME INFORMATION	
Name:	POC:
Address:	Phone:
City/State/Zip:	Mortuary to supply Flag: YES NO

ACTIVE DUTY MEMBERS/CHAPLAIN INFORMATION			
Chaplain Desired: YES NO	Choose One: Protestant Catholic Other (explain below)	Date/Time:	

FUNERAL DETAIL INFORMATION (For Funeral Honors Office Only)		
Command Assigned:	MFH Leader Name:	Man Hours Per Person:
Date & Time Assigned to Unit:	Honors Rendered (Choose all that apply):	
	Full Detail	Flag Presentation Live Bugler Tape/CD Other (explain below)
Active Duty Names of MFH Detail:		
Additional/Amplifying Information:		

Please confirm attendance with the funeral home, cemetery, and myself. Also, once the MFH is completed, fill out the Funeral Detail Info and return it to me via e-mail or fax.