



Honor Guard Detail Request



Please FAX requests along with the military member's DD Form 214 to 530-634-2279

Requestor's Name: _____ Phone #: _____
Funeral Home Director: _____ Email: _____
Funeral Home: _____

Date of Funeral: _____ Time of Funeral: _____
Name of Honors Location: _____
Honors Location Address: _____
Casket or Urn (Aprox Weight of Casket + Body) _____

Name of Deceased: _____ Grade/Rank: _____
Social Security #: _____ Branch of Service†: _____

Next of Kin: _____ Phone #: _____
Address: _____

Relationship: _____

Duty Status and Honors requested:

****Flag Not Provided By Honor Guard****

Veteran
____ Flag Fold
____ Chaplain
____ Bugler

Retired
____ Flag Fold
____ Chaplain
____ Bugler
____ Body Bearers
____ Firing Party
RET from Active Duty__

Active Duty
____ Flag Fold
____ Chaplain
____ Bugler
____ Body Bearers
____ Firing Party
____ Color Guard

Honors Type:
____ Funeral Service – Graveside _____ Reserves__
____ Memorial Service – Church or Chapel
____ Other – Please Specify: _____

Honors Location Type:
____ Private Cemetery _____ Government Cemetery _____ State Cemetery
____ Church _____ Funeral Home Chapel _____ Other: _____

Special Instructions or Directions to location: _____

† We primarily perform for Air Force (AF) or Army Air Corp (AAC) personnel. If requesting a service for another branch, please call first to confirm special arrangements.