

APPENDIX A
NEW YORK STATE
REQUEST FOR NYARNG MILITARY FUNERAL HONORS
(Prescribing Directive is DMNA Reg. 600. Proponent is MNGA-HG)
****PLEASE ALLOW A MINIMUM OF 48 HOURS OF NOTICE****

SECTION 1 – GENERAL INFORMATION (PROVIDED BY FUNERAL DIRECTOR)

Funeral Home: _____ Address: _____
Address, City, State, Zip Code
Funeral Home Point of Contact: _____ Phone#: _____ Cell#: _____
Funeral Director Assigned Funeral Home Funeral Director Assigned

SECTION 2 – DECEASED INFORMATION (PROVIDED BY FUNERAL DIRECTOR)

Name of Deceased: _____ Date of Death: _____
SSN: _____ Branch: _____ Rank: _____ Years of Service: From: _____ To: _____

SECTION 3 – NEXT OF KIN INFORMATION (PROVIDED BY FUNERAL DIRECTOR)

Name: _____ Address: _____
Address, City, State, Zip Code
Relationship: _____ Phone#: _____ Cell#: _____
Example: Wife, Husband, Mother, Father, Daughter, Son

SECTION 4 - SERVICE INFORMATION (PROVIDED BY FUNERAL DIRECTOR)

Church Name: _____ Church Address: _____ Time: _____
Address, City, State, Zip Code Start
Cemetery Name: _____ Cemetery Address: _____ Time: _____
Address, City, State, Zip Code Start
Honors Location: _____ Honors Address: _____ Time: _____
Funeral Home, Church, Cemetery, Private Venue Address, City, State, Zip Code Start
Date of Honors: _____ Day of Week: _____ Start Time for Honors: _____
Mon, Tue, Wed, Thu, Fri, Sat, Sun Actual Time Honors Will Start
Casket: _____ Cremation: _____ Flag Folding Required: _____ Does Funeral Home Have a Flag: _____
Yes/No Yes/No Yes/No Yes/No

SECTION 5 – VERIFICATION DOCUMENTATION (PROVIDED BY FUNERAL DIRECTOR)

DD214: _____ Statement of Service: _____ Retirement Letter: _____ NGB22: _____
Yes/No Yes/No Yes/No Yes/No

REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF REQUEST IN ORDER TO CONFIRM HONOR GUARD TEAM; IF YOU DO NOT RECEIVE A CONFIRMATION PHONE CALL WITHIN 24HRS PLEASE CONTACT THE DETACHMENT YOU FAXED YOUR REQUEST TO

REFER TO <https://dmna.ny.gov/honor/info/> FOR THE MOST UP TO DATE CONTACT INFORMATION

SECTION 6 – HONOR GUARD DETACHMENT CONTACT INFORMATION

<u>Detachment-Location</u>	<u>Phone</u>	<u>Fax</u>	<u>Cell</u>
DET 1-Latham	(518) 786-4481	(518) 786-4474	(518) 257-2317
DET 2-Cortlandt	(646) 424-5028	(914) 945-7521	(718) 530-3501
DET 3-Harlem	(646) 424-2707	(646) 424-2737	(518) 928-3383
DET 4-Long Island	(631) 962-1625	(631) 962-1639	(646) 369-4266
DET 5-Buffalo	(716) 888-5691	(716) 888-5692	(716) 474-1266
DET 6-Rochester	(585) 783-5356	(585) 783-5368	(716) 374-3269
DET 7-Horseheads	(607) 763-3157	(607) 739-1069	(607) 661-5056
DET 8-Syracuse	(315) 438-3302	(315) 438-3364	(585) 469-5220

SECTION 7 – FOR NYARNG MILITARY FUNERAL HONORS OFFICIAL USE

Verified by Eligibility Office: Yes _____ No _____ Date: _____ Time: _____ Name: _____
Eligible: Yes _____ No _____ Honors Guard Available: Yes _____ No _____ Honors Completed: Yes _____ No _____
Honor Guard Tasked: _____ Authorized By: _____

SECTION 8 – DATABASE INPUT/ TELEPHONE CONFIRMATION

Matrix DB: _____ Confirmed On: _____
Date Initials Date Time
Taps DB: _____ Confirmed by: _____
Date Initials You're Initials Funeral POC