

**NEW YORK STATE**  
**REQUEST FOR NYARNG MILITARY FUNERAL PROGRAM BURIAL**

(Prescribing Directive is DMNA Reg. 600. Proponent is MNGA-HG)

\*\*PLEASE ALLOW A MINIMUM OF 48 HOURS OF NOTICE\*\*

**Section 1 – General Information**

Funeral Home: \_\_\_\_\_ Address: \_\_\_\_\_

Funeral Home Point of Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Cell#: \_\_\_\_\_

**Section 2 – Deceased Information**

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

SSN: \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Period of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Next-of-Kin: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Address of Next-of-Kin: \_\_\_\_\_

**Section 3 – Burial Information**

Mass at: \_\_\_\_\_ City: \_\_\_\_\_ Time of Mass: \_\_\_\_\_

Honors Location: \_\_\_\_\_

Honors Location Address: \_\_\_\_\_ City: \_\_\_\_\_

Date of Burial: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Arrival Time for Honors: \_\_\_\_\_

Casket: \_\_\_\_\_ Cremation: \_\_\_\_\_ Flag Folding Required: Yes \_\_\_\_\_ No \_\_\_\_\_

**Section 4 – Verification Documentation (provided by funeral director)**

\_\_\_\_\_ DD Form 214 \_\_\_\_\_ Statement of Service \_\_\_\_\_ Twenty Year Letter

**Bronx Office:** Phone: (646) 424-5028 Fax: (718) 329-4599 Cell: (718) 530-3501

**Jamaica Office:** Phone: (646) 424-2707 Fax: (646) 424-2737 Cell: (518) 928-3383

**Long Island Office:** Phone: (631) 962-1625 Fax: (631) 962-1639 Cell: (646) 369-4266

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 WITH IN 24HRS PLEASE CONTACT THE OFFICE YOU FAXED YOUR REQUEST TO PLEASE REFER TO <https://dmna.ny.gov/honor/info/> FOR THE MOST UP TO DATE CONTACT INFORMATION

**(This section reserved for NYARNG Military Funeral Honors use only)**

Eligibility: Yes \_\_\_\_\_ No \_\_\_\_\_

Burial Unit Available: Yes \_\_\_\_\_ No \_\_\_\_\_

Burial Unit Tasked: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Burial Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

(Signature)

Matrix DB: \_\_\_\_\_ Confirmed On: \_\_\_\_\_  
Date Initials Date Time

Taps DB: \_\_\_\_\_ Confirmed by: \_\_\_\_\_  
Date Initials Your Initials POC Name