

**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