

**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

**Horseheads Office: Phone:** (607) 739-7518 ext. 3157 **Fax:** (607) 739-1069 **Cell:** (607) 661-5056

**Buffalo Office: Phone:** (716) 888-5693 **Fax:** (716) 888-5692 **Cell:** (716) 474-1266

**Rochester Office: Phone:** (585) 783-5356 **Fax:** (585) 783-5368 **Cell:** (716) 374-3269

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