

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

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

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) 888-5691 Fax: (716) 888-5692 Cell: (716) 474-1266
Rochester Office: Phone: (585) 783-5356 Fax: (585) 783-5368 Cell: (716) 374-3269
Syracuse Office: Phone: (315) 438-3302 Fax: (315) 438-3364 Cell: (518) 281-0290

SSG Posato N. Region Coord.

(This section reserved for NYSARNG 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