

**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) 763-3157 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