

**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

Latham Office: Phone: (518) 786-4481 Fax: (518) 786- 4474 Cell: (518) 257-2317
Kingston Office: Phone: (845) 340-7130 Fax: (845) 338-2299 Cell: (845) 591-4209
Bronx Office: Phone: (718) 329-3926 ext. 3657 Fax: (718) 329-4599 Cell: (718) 530-3501
Long Island Office: Phone: (631) 962-1625 Fax: (631) 962-1639 Cell: (646) 369-4266
Jamaica Office: Phone: (718) 480-2707 Fax: (718) 480-2737 Cell: (518) 928-3383

(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