

REQUEST FOR BURIAL DETAIL (ARMY PERSONNEL ONLY)

1. Name of Funeral Director: _____

2. Date/Time of sending Request: _____

3. Deceased's Name/Rank: _____

4. Social Security # of Deceased: _____

5. Funeral Home: NAME: _____

STREET: _____

CITY/STATE: _____

PHONE NUMBER: _____

6. Interment: TIME _____ DATE/DAY _____

Cemetery: _____

ADDRESS: _____

(CITY, STATE, ZIP CODE)

PHONE NUMBER _____ COUNTY: _____

7. NEXT OF KIN _____ RELATIONSHIP: _____

ADDRESS OF NOK _____

FUNERAL DIRECTIONS:

In addition to submitting this Military Honors Request Form and the appropriate discharge paperwork via facsimile transmission, a representative from your establishment MUST telephonically contact this office to confirm receipt. If casualty personnel cannot be contacted, please leave a voice mail message and a casualty office representative will contact you as soon as possible. Military Funeral Honors MUST be submitted at least 48 hours prior to actual interment. This office cannot guarantee Military Honors on those requests received by this office with less than 48 hours notice. It is extremely critical that all items of information be provided. Special emphasis must be placed on providing a complete address (physical address, not mailing address) of the cemetery or interment site.

FORT DIX CASUALTY OFFICE, PHONE NUMBERS:

Office: (609) 562-4453 / 3147 Fax: (609) 562-2139

DO NOT FORGET TO FAX DD 214 OR PROOF OF HONORABLE SERVICE