



PATRICK SPACE FORCE BASE MILITARY FUNERAL HONOR REQUEST

Office Hours of Operations: Mon – Fri/ 7:30 AM to 4:30 PM
Office: (321) 494-7477/7478 After Hours/On-Call: (321) 616-5937
Email: patrickhonorguard@us.af.mil Fax: (321) 494-1357
Address: Building 1391, Marina Road, Patrick AFB, FL 32925



Please visit our website for request forms and pertinent Honor Guard Information; www.gopatrickfl.com/honor-guard.html

Part I FUNERAL HONORS REQUEST INFORMATION							
REQUESTOR INFORMATION							
Funeral Home/Requestor Name			Funeral Director Name		Phone Number		Fax Number
Address				City		State	Zip Code
DECEASED INFORMATION							
Name (Last, First M.)				Grade	Social Security Number		
Service Branch <input type="checkbox"/> Regular Air/Space Force <input type="checkbox"/> Air Force Reserves <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army Air Corps <input type="checkbox"/> Army AF <input type="checkbox"/> Other: _____							
Military Status (At Time of Passing) Services Requested Note: These are requested honors. Approval is subject to service verification through DEERs and Honor Guard manning.							
Select Only ONE Status	<input type="checkbox"/> Veteran Honors:		<input type="checkbox"/> Flag Fold <input type="checkbox"/> Taps (Not entitled to Firing Party, Pallbearing, or Color Guard per AFI 34-160 Para 7.32)				
	<input type="checkbox"/> Retiree Honors:		<input type="checkbox"/> Flag Fold <input type="checkbox"/> Taps (Not entitled to Firing Party, Pallbearing, or Color Guard per AFI 34-160 Para 7.32)				
	<input type="checkbox"/> Active Duty Honors:		<input type="checkbox"/> Flag Fold <input type="checkbox"/> Taps <input type="checkbox"/> Firing Party <input type="checkbox"/> Pallbearing <input type="checkbox"/> Color Guard				
NEXT OF KIN INFORMATION							
Name (Last, First M.)				Phone Number		Relationship to Deceased	
Address				City	State	Zip Code	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker <input type="checkbox"/> Other: _____
FUNERAL HONORS LOCATION INFORMATION							
Location Name				Point of Contact		Phone Number	
Location Address				City	State	Zip Code	
Honors Date		Estimated Honors Start Time		Location Type <input type="checkbox"/> National Cemetery <input type="checkbox"/> Private Cemetery <input type="checkbox"/> Church <input type="checkbox"/> Funeral Home Chapel <input type="checkbox"/> Other: _____			
Remains: <input type="checkbox"/> Casket <input type="checkbox"/> Urn <input type="checkbox"/> No Casket or Urn <input type="checkbox"/> Caisson				FLAG MUST BE PROVIDED BY <input type="checkbox"/> FUNERAL DIRECTOR OR <input type="checkbox"/> FAMILY Take member's DD-214 and death certificate to local Post Office to obtain a flag.			
Additional Notes or Family Requests:							

Part II REQUESTING INSTRUCTIONS/INFORMATION			
<input type="checkbox"/> Please provide the Patrick SFB Honor Guard with at least 1 week's notice prior to the requested honors, when possible. <input type="checkbox"/> Provide a copy of the deceased member's DD214 or equivalent service document for verification. <input type="checkbox"/> Please call our office to confirm receipt of this request. <input type="checkbox"/> Please call after hours phone if honors request is within 48 hours and you have not received confirmation. ***Submission of this form does not guarantee honors will be provided. You must receive confirmation the Honor Guard can perform.***			
If service is not USSF, USAF, Army Air Corps, or Army AF, please contact the appropriate servicing Honor Guard			
US Army (571) 801-3345 (800) 557-7408		US Marine Corps (866) 826-3628	
US Navy (904) 542-1536 (904) 542-4876		US Coast Guard (786) 367-6822	
MacDill AFB: (813) 828-5190		After Hours: (813) 833-4746	
Moody AFB: (229) 257-4142		After Hours: (229) 563-7707	
Thank You Cards/Letters: If the family would like to send thank you cards or letters to the Honor Guard, please mail to: "Patrick Space Force Base Honor Guard" 620 O'Malley Drive BLDG 537, Patrick SFB, FL 32925			

Travel Distance: _____ miles		Administrative Use Only				Travel Time: _____ hrs: _____ mins	
<input type="checkbox"/> Board	Int: _____	DEERs/Cas. Affairs:	Date: _____	Time _____	Mil. Stat _____	Spoke w/ _____	Int: _____
<input type="checkbox"/> Detail Tracker	Int: _____	Fun. Dir. Requestor:	Date: _____	Time _____	Verified w/ _____		Int: _____
<input type="checkbox"/> Cal Invite or Entry	Int: _____	Call team if w/in 24 hrs:	Date: _____	Time _____	Spoke w/ _____		Int: _____
<input type="checkbox"/> Detail Packet or <input type="checkbox"/> Sent To HARB		Int: _____	<input type="checkbox"/> File original request		Int: _____	Notes: _____	

CAO 20OCT2025

Supersedes All Previous Editions Of This Form, Which Are Obsolete