

**Seattle Area Honor Guard Request Form
ATTN: Honor Guard Supervisor**

Date request made:	
Event Type:	
Location & Address:	
Date of event:	
Point of contact phone:	
Time of event:	
Requestor comments:	
** For funeral events, please fax a copy of the Deceased Release From the Coast Guard (DD-214), and provide the following additional information: **	
Deceased name:	
Social Security #:	
Deceased Rank:	Retired: Yes ___ or No ___
Next of kin:	
Service/Funeral Director:	Name: _____ Phone: _____
Urn, casket, or memorial:	
VA Survivor Benefits:	Has the NOK been informed of Survivor Benefits? Yes ___ No ___ Websites: http://www.va.gov/survivors/ http://www.vba.va.gov/survivorsbenefit.htm
** The information below is reserved for Color Guard Supervisors**	
Uniform:	
Equipment Needed:	
Additional comments:	
Arrival Time:	
Team Members:	Team Leader:

This form may be emailed to: Heather.L.Coulter@uscg.mil or faxed to (206) 217-6733.
Please follow up with a phone call to ensure that the fax was received.

Color Guard Points of Contact

Color Guard Supervisor
SK1 Heather L. Coulter 206-217-6378

Color Guard Coordinator
SKC Tim Crothers 206-217-6371