

U.S. COAST GUARD CEREMONIAL HONOR GUARD ACTIVE DUTY FUNERAL HONORS REQUEST FORM



Please email the completed form to Honor Guard Operations at HQS-Honor_Guard-OPS@uscg.mil.

NAME AND RANK OF MEMBER		NAME AND RANK OF CACO		
CACO PHONE NUMBER		CACO EMAIL		
FUNERAL HOME NAME	FUNERAL HOME ADDRESS		FUNERAL TIME	FUNERAL DATE**
FUNERAL HOME P.O.C.	FUNERAL HOME PHONE NUMBER		USCG BUGLER OR PI USCG	PROVIDE YOUR OWN
IF SERVICE IS TO TAKE PLACE AT A CEME		ADDRESS, AND PL	OT # OF THE CEMETE	RY AND GRAVE SITE:
OTHER SERVICES REQUESTED (Place an "X"	within the appropriate box)			
FIRING PARTY	TWO PERSON FLAG F	OLD (URN)	SIX PERSON F	LAG FOLD (CASKET)
WILL ANY COAST GUARD MEMBERS BE ACTING AS HONORARIES, OR TAKE PART IN THE SERVICE? IF SO, HOW MANY AND WHAT ARE THEIR ROLES?				
HOW MANY FLAGS WILL BE PASSED TO THE FAMILY? (IF MORE THAN ONE FLAG WILL BE PRESENTED PLEASE PROVIDE IT TO US PRIOR TO THE SERVICE TO FOLD, AND PLEASE PROVIDE VOLUNTEERS TO HOLD THE FLAGS DURING THE CEREMONY.)				
WILL OUR MEMBERS BE PASSING THE FLAG TO THE NEXT OF KIN, OR WILL ANOTHER MEMBER BE PRESENTING THE FLAG AND GIVING THE SPEECH?				
WILL THERE BE TIME TO REHEARSE/VIEW THE SITE PRIOR TO THE EVENT? IF SO, WHEN?				
WHAT DENOMINATION WILL THE SERVICE BE?				
PLEASE LIST ANY OTHER INPORTANT INFOR	RMATION IN THE SPACE BEI	LOW.		
BURIAL TYPE	I NE	EXT OF KIN (NAME.	RELATIONSHIP TO DE	
CASKET UR		• (,