

**PENNSYLVANIA**  
**REQUEST FOR MILITARY FORCES HONOR GUARD BURIAL**

**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: \_\_\_\_\_  
Period of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Next-of-Kin: \_\_\_\_\_  
Relationship to Deceased: \_\_\_\_\_  
Address of Next-of-Kin: \_\_\_\_\_

**Section 3 - Burial Information**

Mass Service at: \_\_\_\_\_ City: \_\_\_\_\_ Time of Mass: \_\_\_\_\_  
Cemetery: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Date of Burial: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Arrival Time at Cemetery: \_\_\_\_\_  
Casket: \_\_\_\_\_ Cremation: \_\_\_\_\_ Flag Folding Required: Yes \_\_\_\_\_ No \_\_\_\_\_

**Section 4 - Verification Documentation (provided by funeral director)**

\_\_\_\_\_ DD Form 214 \_\_\_\_\_ Statement of Service \_\_\_\_\_ Twenty Year Letter

**Main Office:** (717) 861-8694 **Fax:** (717) 861-8323

(This section reserved for Military Forces Honor Guard use only)

Eligibility: Yes \_\_\_\_\_ No \_\_\_\_\_  
Burial Unit Available: Yes \_\_\_\_\_ No \_\_\_\_\_  
Burial Unit Tasked: \_\_\_\_\_  
Authorized By: \_\_\_\_\_

(Signature)

Funeral Home	_____
CAC	_____
Red Rose	_____
VSO	_____
Other	_____