

**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 \_\_\_\_\_