

# ARIZONA ARMY NATIONAL GUARD FUNERAL HONORS REQUEST

Phone Number: (602) 629-4310

You can download and electronically complete this form at:

<https://dema.az.gov/army-national-guard/arizona-military-honors>

We are closed on weekends and Federal holidays. All requests received on weekends/holidays will not be processed until the next business day.

Fax DD Form 214 or Honorable Discharge Certificate and this form to: (602) 267-2461  
or return via email to: [ng.az.azarng.mbx.mfh@mail.mil](mailto:ng.az.azarng.mbx.mfh@mail.mil)

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## Part One: Information - Deceased Veteran

Name of Deceased Veteran: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(last) (first) (MI)

Branch of Service:

Date of Birth: \_\_\_\_\_ Social Security #: --  
(MM/DD/YYYY)

Retired from Military Service?  Yes  No Rank (if known): -SELECT-

Who will the flag be presented to? \_\_\_\_\_ Relationship to Veteran: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Information is collected in accordance with DA Form 4475.

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## Part Two: Funeral Home or Family POC Information

Name of Funeral Home: \_\_\_\_\_ Email Address: \_\_\_\_\_

Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have a flag to present? Yes  No

(If the funeral home does not supply the interment flag the person requesting honors is responsible to get the flag from the Post Office or VA)

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## Part Three: Funeral Honors Location (i.e. cemetery, church, etc.)

Date:  Time:  PM Type of service to be provided:  
(MM/DD/YYYY) Casket  Cremation  Memorial

Location Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Arizona Zip Code \_\_\_\_\_

Indicate any other special requests (example: Commissioned Officer or military relative to present the flag): \_\_\_\_\_

CONTROL/MISSION #: \_\_\_\_\_ (MFH USE ONLY)

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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**  
**PERSONAL INFORMATION FROM THE NOK OF A DECEASED SERVICE MEMBER**  
(5 U.S.C. 552a)

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TITLE OF FORM

PRESCRIBING DIRECTIVE

RELEASE OF SOCIAL SECURITY NUMBER FOR A DECEASED SERVICE MEMBER

AR 600-8-1

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1. AUTHORITY

10 USC 1475-1480      44 USC 3101

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3. PRINCIPAL PURPOSE (S)

The Social Security Number (SSN) of the deceased Service member becomes official information when released and is used by the Army in the scheduling and documenting of Military Funeral Honors.

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3. ROUTINE USES

The deceased Service member's SSN will enable representatives of the Army to properly schedule and document the Military Funeral Honors.

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4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION

Disclosure of the deceased Service member SSN is voluntary. However, the disclosure enables the scheduling and documenting of the completion of the Military Funeral Honors. If the required information is not provided, the Military Funeral Honors cannot be provided.