

APPENDIX A
NEW YORK STATE
REQUEST FOR NYARNG MILITARY FUNERAL HONORS
 (Prescribing Directive is DMNA Reg. 600. Proponent is MNGA-HG)
 PLEASE ALLOW A MINIMUM OF 48 HOURS OF NOTICE

SECTION 1 – GENERAL INFORMATION (PROVIDED BY FUNERAL DIRECTOR)

Funeral Home: _____ Address: _____
Address, City, State, Zip Code
 Funeral Home Point of Contact: _____ Phone#: _____ Cell#: _____
Funeral Director Assigned Funeral Home Funeral Director Assigned

SECTION 2 – DECEASED INFORMATION (PROVIDED BY FUNERAL DIRECTOR)

Name of Deceased: _____ Date of Death: _____
 SSN: _____ Branch: _____ Rank: _____ Years of Service: From: _____ To: _____

SECTION 3 – NEXT OF KIN INFORMATION (PROVIDED BY FUNERAL DIRECTOR)

Name: _____ Address: _____
Address, City, State, Zip Code
 Relationship: _____ Phone#: _____ Cell#: _____
Example: Wife, Husband, Mother, Father, Daughter, Son

SECTION 4 - SERVICE INFORMATION (PROVIDED BY FUNERAL DIRECTOR)

Church Name: _____ Church Address: _____ Time: _____
Address, City, State, Zip Code Start
 Cemetery Name: _____ Cemetery Address: _____ Time: _____
Address, City, State, Zip Code Start
 Honors Location: _____ Honors Address: _____ Time: _____
Funeral Home, Church, Cemetery, Private Venue Address, City, State, Zip Code Start
 Date of Honors: _____ Day of Week: _____ Start Time for Honors: _____
Mon, Tue, Wed, Thu, Fri, Sat, Sun Actual Time Honors Will Start
 Casket: _____ Cremation: _____ Flag Folding Required: _____ Does Funeral Home Have a Flag: _____
Yes/No Yes/No Yes/No Yes/No

SECTION 5 – VERIFICATION DOCUMENTATION (PROVIDED BY FUNERAL DIRECTOR)

DD214: _____ Statement of Service: _____ Retirement Letter: _____ NGB22: _____
Yes/No Yes/No Yes/No Yes/No

REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF REQUEST IN ORDER TO CONFIRM HONOR GUARD TEAM; IF YOU DO NOT RECEIVE A CONFIRMATION PHONE CALL WITHIN 24HRS PLEASE CONTACT THE OFFICE YOU FAXED YOUR REQUEST TO

REFER TO <https://dmna.ny.gov/honor/info/> FOR THE MOST UP TO DATE CONTACT INFORMATION

SECTION 6 – HONOR GUARD OFFICE CONTACT INFORMATION

<u>Office</u>	<u>Phone</u>	<u>Fax</u>	<u>Cell</u>
Latham	(518) 786 4481	(518) 786 4474	(518) 257 2317
Syracuse	(315) 438 3302	(315) 438 3364	(585) 469 5220
Bronx	(646) 424 5028	(718) 329 4599	(718) 530 3501
Jamaica	(646) 424 2707	(646) 424 2737	(518) 928 3383
Long Island	(631) 962 1625	(631) 962 1639	(646) 369 4266
Horseheads	(607) 763 3157	(607) 739 1069	(607) 661 5056
Buffalo	(716) 888 5693	(716) 888 5692	(716) 474 1266
Rochester	(585) 783 5356	(585) 783 5368	(716) 374 3269

SECTION 7 – FOR NYARNG MILITARY FUNERAL HONORS OFFICIAL USE

Verified by Eligibility Office: Yes _____ No _____ Date: _____ Time: _____ Name: _____
 Eligible: Yes _____ No _____ Honors Guard Available: Yes _____ No _____ Honors Completed: Yes _____ No _____
 Honor Guard Tasked: _____ Authorized By: _____
 G1 MFHARNG Control #: _____ Funeral Home Confirmation #: _____

SECTION 8 – DATABASE INPUT/ TELEPHONE CONFIRMATION

Matrix DB: _____ Confirmed On: _____
Date Initials Date Time
 Taps DB: _____ Confirmed by: _____
Date Initials You're Initials Funeral POC