

### HONOR GUARD CHECKLIST

**INSTRUCTIONS:** The Mortuary Officer will sign and complete appropriate items for each honors ceremony requested. If request is not approved indicate circumstances and justification, then forward a copy of completed form to HQ Air Force Mortuary Affairs and if required to your MAJCOM or FIELD COM.

#### SECTION I. HONORS REQUEST DATA

1. HONOR GUARD INSTALLATION ADDRESS (Include ZIP code)	2. NAME/ADDRESS OF HONORS REQUESTER	3. TELEPHONE (Include Area Code)	
		4. DATE/TIME OF REQUEST	
5. TYPE OF HONORS REQUESTED		6. LOCATION FOR HONORS PRESENTATION	
<input type="checkbox"/> FUNERAL SERVICE	<input type="checkbox"/> DISTINGUISHED PERSON	<input type="checkbox"/> GOVERNMENT CEMETERY	<input type="checkbox"/> FUNERAL HOME CHAPEL
<input type="checkbox"/> MEMORIAL SERVICE	<input type="checkbox"/> COMMUNITY FUNCTION	<input type="checkbox"/> PRIVATE CEMETERY	<input type="checkbox"/> ON BASE
<input type="checkbox"/> CHANGE OF COMMAND	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> CHURCH	<input type="checkbox"/> OTHER (Specify)

#### SECTION II. INFORMATION FOR FUNERAL OR MEMORIAL HONORS

7. NAME OF DECEASED	8. GRADE	9. SSN	10. SERVICE BRANCH	11. DUTY STATUS	12. AERONAUTICAL RATING (Active duty only)
13. NAME/ADDRESS/TELEPHONE OF NEXT OF KIN OR REPRESENTATIVE			14. FUNERAL HOME INFORMATION AND FUNERAL DIRECTOR'S NAME		
15. DATE/TIME OF SERVICE	16. LOCATION OF SERVICE	17. NAME/ADDRESS OF CEMETERY			

#### SECTION III. INFORMATION FOR FUNCTIONS OTHER THAN FUNERAL OR MEMORIAL SERVICE

18. ADDRESS FOR FUNCTION	19. DATE AND TIME	20. POINT OF CONTACT	21. FUNCTION DESCRIPTION
--------------------------	-------------------	----------------------	--------------------------

#### SECTION IV. FACTS AND ACTIONS TAKEN FOR REQUESTED HONORS

22. HONORS REQUEST	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	23. NAME OF APPROVING/DISAPPROVING OFFICIAL	24. DATE AND TIME	
25. REASON FOR DISAPPROVAL:				
26. HONORS ELEMENTS AND MILITARY PERSONNEL PROVIDED	<input type="checkbox"/> PALLBEARERS	<input type="checkbox"/> FIRING PARTY	<input type="checkbox"/> COLOR GUARD	<input type="checkbox"/> OTHER
	<input type="checkbox"/> BUGLER	<input type="checkbox"/> CHAPLAIN	<input type="checkbox"/> DRILL TEAM	<input type="checkbox"/> FLYOVER (If approved list aircraft resource)
	<input type="checkbox"/> HONORARY PALLBEARERS	<input type="checkbox"/> MEMBER IN CHARGE	<input type="checkbox"/> ONE REPRESENTATIVE	
27. NAME/GRADE OF HONOR GUARD CONTACT	28. NAME/GRADE OF CHAPLAIN CONTACT	29. NAME/GRADE OF FLYOVER CONTACT		
30. INSPECTION AND COMMENTS			YES	NO
a. PARTICIPANTS BRIEFED AND INSPECTED PRIOR TO RELEASE FOR CEREMONY			<input type="checkbox"/>	<input type="checkbox"/>
b. ALL PARTICIPANTS RECEIVED TRAINING PRIOR TO CEREMONY			<input type="checkbox"/>	<input type="checkbox"/>
c. ALL PARTICIPANTS DRESSED IN PRESCRIBED UNIFORMS			<input type="checkbox"/>	<input type="checkbox"/>
31. UNUSUAL CIRCUMSTANCES RESULTING IN UNFAVORABLE REFLECTION ON AIR FORCE			<input type="checkbox"/> NO	<input type="checkbox"/> YES (If Yes, explain in 39. Remarks)
32. NAME/GRADE OF HONOR GUARD COMMANDER		SIGNATURE		

#### SECTION V. RESOURCE EXPENSE DATA

33. TIME SPAN OF ACTIVITY	34. ACTIVITY MILEAGE ONE WAY	35. DRIVER	<input type="checkbox"/> MILITARY	<input type="checkbox"/> CIVILIAN	
36. TYPE VEHICLES USED	<input type="checkbox"/> MILITARY STAFF CAR	<input type="checkbox"/> MILITARY BUS	<input type="checkbox"/> PRIVATE CAR	<input type="checkbox"/> PRIVATE BUS	<input type="checkbox"/> OTHER
37. TOTAL NUMBER MAN-HOURS SPENT [ ] LOCAL		[ ] TDY			
38. COSTS INCURRED					
a. MANPOWER (Average hourly wage (see AFI 65-503) times number participants times activity time span)				\$	
b. TRAVEL (Standard vehicle operating cost times number of vehicles and round trip miles.) Obtain per mile cost from Vehicle Maintenance Control and Analysis Office.				\$	
c. PER DIEM/LODGING (Total for all participants)				\$	
d. OTHER (Hiring bugler, etc.)				\$	
e. TOTAL COST FOR THIS CEREMONY				\$	
39. REMARKS: (Continue on reverse if necessary)					
40. NAME AND GRADE OF CHIEF OF SERVICES (Mortuary Officer)			SIGNATURE		

