



Fort Benning Casualty Assistance Center Military Funeral Honors (MFH)  
Request Form **(US ARMY ONLY)**

Operation Hours: (Monday - Friday) 07:30 AM - 4:30 PM (Closed on Weekends & all Federal Holidays)

**\*\*\*EFFECTIVE MAY1<sup>st</sup> 2025\*\*\***

Military Funeral Honors request must be submitted at least **3 business days** prior to the actual internment. This office cannot guarantee Military Honors support for request received **less than 3 business days**. **ALL REQUESTS RECEIVED AFTER 3:00 PM WILL BE PROCESSED THE NEXT BUSINESS DAY – No exception!** NOTE: NO MILITARY FUNERAL HONORS WILL BE PROCESSED DURING THE WEEKENDS OR HOLIDAYS. You must FAX or Email the completed MFH request form along with a copy of the DD Form 214 (Member Copy) or Statement of Service to [usarmy.benning.imcom.mbx.g1hrd-casualty@army.mil](mailto:usarmy.benning.imcom.mbx.g1hrd-casualty@army.mil) or Fax to (706) 545-7132. Please call (706) 575-8340 to confirm receipt of the request during regular business hours. **All fields on the form must be completed and written legibly. Incomplete or illegible forms will not be processed.**

**\*\*PLEASE NOTIFY THE LOCAL POLICE DEPARTMENT IF FIRING SQUAD WILL BE USED FOR MILITARY FUNERAL HONORS\*\***

Deceased Name: \_\_\_\_\_ Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ Race: \_\_\_\_\_

Status: (Active Duty, Retiree, Veteran) \_\_\_\_\_ **DD214 or Honorable Discharge certificate must be provided.**

POC: \_\_\_\_\_ PHONE# \_\_\_\_\_ Fax# \_\_\_\_\_

Email Address: \_\_\_\_\_ County of Burial: \_\_\_\_\_

Funeral Home Name/Full Address: \_\_\_\_\_  
\_\_\_\_\_

**HONORS REQUESTED:**

\_\_\_\_\_ TAPS \_\_\_\_\_ PALL BEARERS \_\_\_\_\_ FIRING SQUAD \_\_\_\_\_ BUGLER \_\_\_\_\_ CHAPLAIN \_\_\_\_\_ 2 MAN REP \_\_\_\_\_

Religious Preference (If Chaplain is Requested): \_\_\_\_\_

**FUNERAL/BURIAL SERVICE:**

Time: \_\_\_\_\_ EST/CST \_\_\_\_\_ Date: \_\_\_\_\_ Complete Name & Address: \_\_\_\_\_  
\_\_\_\_\_

**DETAIL REPORT:**

Time: \_\_\_\_\_ EST/CST \_\_\_\_\_ Date: \_\_\_\_\_ Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Does the Funeral Home have a Flag? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Person receiving Flag: \_\_\_\_\_ Relationship: \_\_\_\_\_

**If Retired**

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Date/Time of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

City/State of Death: \_\_\_\_\_ Circumstances: \_\_\_\_\_

NOK: \_\_\_\_\_ Relationship: \_\_\_\_\_

NOK Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse DOB: \_\_\_\_\_ Spouse Date of Marriage: \_\_\_\_\_ Spouse SSN# \_\_\_\_\_