

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  
Mask Required: \_\_\_\_\_ Social Distance: \_\_\_\_\_  
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 DETACHMENT YOU FAXED OR EMAILED YOUR REQUEST TO**

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

**SECTION 6 – HONOR GUARD DETACHMENT CONTACT INFORMATION**

Detachment	Phone	Fax	Cell	Email
DET 1	(518) 786-4481	(518) 786-4474	(518) 257-2317	NG.NY.NYARNG.MBX.DET1MFH@ARMY.MIL
DET 2	(646) 424-5028	(914) 945-7521	(718) 530-3501	NG.NY.NYARNG.MBX.DET2MFH@ARMY.MIL
DET 3	(646) 424-2707	(646) 424-2737	(518) 928-3383	NG.NY.NYARNG.MBX.DET3MFH@ARMY.MIL
DET 4	(631) 962-1625	(631) 962-1639	(646) 369-4266	NG.NY.NYARNG.MBX.DET4MFH@ARMY.MIL
DET 5	(716) 888-5691	(716) 888-5692	(716) 474-1266	NG.NY.NYARNG.MBX.DET5MFH@ARMY.MIL
DET 6	(585) 783-5356	(585) 783-5368	(716) 374-3269	NG.NY.NYARNG.MBX.DET6MFH@ARMY.MIL
DET 7	NONE	NONE	(607) 661-5056	NG.NY.NYARNG.MBX.DET7MFH@ARMY.MIL
DET 8	(315) 438-3302	(315) 438-3364	(585) 469-5220	NG.NY.NYARNG.MBX.DET8MFH1@ARMY.MIL

**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: \_\_\_\_\_

**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