

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.

SECTION I. HONORS REQUEST DATA

1. HONOR GUARD INSTALLATION ADDRESS <i>(Include ZIP code)</i> Misawa Air Base Honor Guard Misawa, Japan 96319	2. NAME/ADDRESS OF HONORS REQUESTER	3. TELEPHONE <i>(Include Area Code)</i>
		4. DATE/TIME OF REQUEST
5. TYPE OF HONORS REQUESTED		
<input type="checkbox"/> FUNERAL SERVICE	<input type="checkbox"/> DISTINGUISHED PERSON	<input type="checkbox"/> GOVERNMENT CEMETERY
<input type="checkbox"/> MEMORIAL SERVICE	<input type="checkbox"/> COMMUNITY FUNCTION	<input type="checkbox"/> PRIVATE CEMETERY
<input type="checkbox"/> CHANGE OF COMMAND	<input type="checkbox"/> OTHER <i>(Specify)</i>	<input type="checkbox"/> CHURCH
		<input type="checkbox"/> FUNERAL HOME CHAPEL
		<input type="checkbox"/> ON BASE
		<input type="checkbox"/> OTHER <i>(Specify)</i>

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 <i>(Active duty only)</i>
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
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SECTION IV. FACTS AND ACTIONS TAKEN FOR REQUESTED HONORS

22. HONORS REQUEST	<input type="checkbox"/> APPROVE	23. NAME OF APPROVING/DISAPPROVING OFFICIAL	24. DATE AND TIME
			<input type="checkbox"/> DISAPPROVE
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 <i>(If approved list aircraft resource)</i>
<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 <i>(If Yes, explain in 39. Remarks)</i>			
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 <i>(Average hourly wage (see AFI 65-503) times number participants times activity time span)</i>		\$
b. TRAVEL <i>(Standard vehicle operating cost times number of vehicles and round trip miles.) Obtain per mile cost from Vehicle Maintenance Control and Analysis Office.</i>		\$
c. PER DIEM/LODGING <i>(Total for all participants)</i>		\$
d. OTHER <i>(Hiring bugler, etc.)</i>		\$
e. TOTAL COST FOR THIS CEREMONY		\$
39. REMARKS: <i>(Continue on reverse if necessary)</i> Attire: UOD or Ceremonials Dry Run Schedule: Date, time, and location or N/A		
40. NAME AND GRADE OF CHIEF OF SERVICES (Mortuary Officer)		SIGNATURE

