

FUNERAL DETAILS - Briefing Checklist

1. FUNERAL REQUIREMENTS

A. Personnel required (1-OIC, 1-NCOIC, 8-Firing Squad (1 NCOIC), 6-Pallbearers, 1-Bugler, 1-Chaplain).
Total authorized _____

B. Place of Funeral, required time of arrival, and who to report to.

C. OIC of detail will make arrangements with Division Band(s) (1st Cav Band 287-6289, SSG Bryan; 4th Inf Div Band 287-4281 SSG Chavez) and/or Garrison Chaplain's Office, SSG Morrison 288-6547 or 6546 as to when and where bugler and/or chaplain will be picked up.

D. If you will be late, notify this office (1-800-531-4654) and funeral home IMMEDIATELY and advise as to when you will arrive.

E. OIC will read SOP. Funeral details are explained in FM 22-5.

2. ARRANGE TRANSPORTATION

A. Team members will also serve as drivers. Ensure they have a valid state drivers license.

B. Vehicles may be picked up 1 hour prior to, but not later than scheduled pickup time. Vehicles must be turned in immediately upon completion of mission by the personnel who picked them up.

3. REQUIREMENTS FOR AFTER ACTION REPORT

A. Roster of personnel must include last name, first name, middle initial, SSN, rank, and unit.

B. TDY will be determined by the Casualty Operations Branch.

C. Report will be turned in within 2 working days after funeral. An IMMEDIATE report will be made if incidents occur which may result in unfavorable comments.

D. If using a sound system instead of a bugler, return the system immediately upon completion of mission. Monday thru Friday to Casualty Operations, Bldg 1001; on weekends and holidays to Bldg 121 to the Staff Duty.

4. ORDER VEHICLES: Carryalls _____ Sedan _____

A. Name of person at TMP: _____

B. Date/time coordination made with TMP: _____

C. Vehicle pickup time: _____

D. Casualty clerk giving briefing: _____

5. Signature of Team Commander: _____

Rank: _____ Unit: _____ Phone#: _____

Date and Time Briefed: _____

Signature of Briefer: _____

PRIVACY ACT STATEMENT AUTHORITY: TITLE 10 USC 3547 A, B, AND EO 10013, 27 OCTOBER 1948. PRINCIPAL PURPOSE: TO OBTAIN/VERIFY INFORMATION ON EXISTING INDIVIDUAL'S RECORDS. ROUTINE USE(S): USED TO ASCERTAIN ELIGIBILITY, BY THE III CORPS AND FORT HOOD CASUALTY SECTION, FOR SURVIVOR RIGHTS, PRIVILEGES, AND BENEFITS. DISCLOSURE: VOLUNTARY. EFFECT OF NOT HAVING INFORMATION OR SSN WOULD HINDER THE SERVICE THIS AGENCY COULD PROVIDE TO THE INDIVIDUAL CONCERNED.

REQUEST FOR MILITARY FUNERAL

TO: _____ FROM: Casualty Operations Branch, 287-7200

BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD	CHAPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO (Check One) NAME _____ UNIT _____ DUTY# _____ HOME# _____
PALLBEARERS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FIRING SQUAD: <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUGLER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FLAG PRESENTATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATUS OF DECEASED: <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> VETERAN (Check One)	

NAME OF DECEASED: _____

GRADE: _____

SSN: _____

RELIGION: _____

DATE/TIME OF FUNERAL :	_____
PLACE OF INTERMENT:	_____
DETAIL REPORT DATE/TIME:	_____
PLACE TO REPORT TO:	_____
NAME OF FUNERAL HOME:	_____
ADDRESS:	_____
TELEPHONE NUMBER:	_____
NAME OF FUNERAL DIRECTOR:	_____
NAME OF REQUESTOR:	_____

NEXT OF KIN: _____

RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE/TIME OF REQUEST	_____
REQUEST RECEIVED BY	_____

Name/Grade of Officer	Signature
_____	_____