



Suquamish Warriors

Request for Honor Guard for Funeral Service

Person Requesting services _____

Phone number of Requester _____

Email Adress of Requester _____

Date of Request _____ Date of Funeral Service _____

Deceased Person's Name _____

Branch of Service _____

Rank _____

Years of Service _____

ERA _____

Funeral Home Contact _____

Number _____

Discharge Status: (circle) Honorable / General / OTH / BCD

Location Funeral Service (Name of facility) _____

Adress (Street) _____ (City) _____

Has United States Ceremonial Burial Flag been obtained? Yes or NO

Will the Veterans Branch of Service be participating in the Service? Yes or NO

Services to be provided by the Suquamish Warrior Honor Guard

(Circle) 21 gun Salute / Flag folding and presentation / Taps / Chaplin

Approved by: Jim Henry Jr/President Suquamish Warriors