

MILITARY FUNERAL HONORS STIPEND REIMBURSEMENT REQUEST

A Veterans Service Organization (VSO) should only submit this form if requesting reimbursement for performing military funeral honors. The responsibility for proper completion and submission of this form rests with the VSO who is requesting reimbursement. Reimbursement will not exceed \$50.00 for each honors being provided.

- All requests for reimbursement must be submitted within 90 days of honors being provided.
- Reimbursement is not authorized nor should this form be submitted if a VSO is receiving any amount of honorarium or donation from the funeral director or family.
- Signatures from a VSO and funeral director are mandatory on forms submitted by fax or mail.
- An eligibility document or DD Form 214 for the veteran is not required when submitting this form.

PART ONE: Information – Deceased Veteran

Name of Veteran: _____
Date Honors Performed: _____ Date of Birth: _____
Location of Honors: City: _____ County: _____
Branch of Service: U.S. Army U.S. Navy U.S. Air Force
 U.S. Marine Corps U.S. Coast Guard Army Air Force/Corps

PART TWO: VSO Performing Honors

VSO Post and # (VFW 1131, MCL 6, AL 243): _____
Point of Contact (please print): _____ Phone #: (____) _____
Address: _____ City: _____ Zip Code: _____
Honors performed (check boxes that apply): Full Honors (Rifle Detail, Taps, Flag Folding)
 Basic Honors (Flag Folding, Taps)
 Rifle Detail Only
Payment amount requested: \$ _____ (not to exceed \$50.00)
If requesting a split disbursement, provide post name and #: _____
Amount: \$ _____
Signature of Post Honor
Guard Commander or Adjutant: _____ Date: _____

PART THREE: Funeral Director Verification

Were the military honors performed in an acceptable manner? Yes No
(Any comments, call or provide to the Military Funeral Honors Program.)
Name of Funeral Home: _____
City: _____ Phone #: (____) _____
Printed Name: _____
Signature: _____ Date: _____

The VSO should mail or fax reimbursement requests to the address shown above.
