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**STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS**

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May 11, 2012

WDVA Bulletin No. 971

TO: County Veterans Service Officers

SUBJECT: Informational Update on the Military Funeral Honors Program

Military Honors Program Contact Information:

Military Funeral Honors Program
21731 Spring St.
Union Grove, WI 53182
Phone Toll Free: 877-944-6667
Fax Toll Free: 866-454-0356

Reorganization:

The recent reorganization at the WDVA has resulted in the Coordination office for the Military Funeral Honors Program being moved to offices located in Union Grove, WI. All phone and fax numbers for honors coordination remain the same.

The Coordination office is staffed Monday-Friday 8:00am -4:30pm.

Eligibility Documentation:

To ensure honors can be provided in a timely fashion please continue to inform all veterans that a DD214 or equivalent document indicating an honorable discharge must be submitted by the family or funeral home to the Coordinators at time of need. Veterans should ensure that they have informed their family where they have stored or filed this important document so that when it is needed it will be easily locatable.

Stipend Program:

Stipend reimbursement requests may continue to be submitted via the toll free fax at 866-454-0356. Posts without access to a fax may mail their requests directly to the office via the new Union Grove address. Please be aware that any service coordinated through the WDVA coordinators will automatically be processed for payment.

Posts wishing to participate in the stipend program may call the honors office and speak with a staff member regarding the requirements of the program.

Information about the stipend program can be found at the following website:
http://dva.state.wi.us/Ben_funeralhonors.asp#Stipend

Updated Forms:

Attached to this bulletin are the most updated versions of the 2800 & 2801 honors forms. Please discard all older copies and begin utilizing these forms. They can be found at and printed from: www.WisVets.com/Forms



MILITARY FUNERAL HONORS REQUEST

This form is intended to be used only to request military funeral honors for an eligible veteran.

- Honors request information can be called in or faxed to the above contact numbers.
It is not mandatory, but helpful if you would please attach or forward an eligibility document or a DD Form 214 for the veteran.
It is not necessary to forward this request when a Veterans Service Organization (VSO) is asking for honors reimbursement.

PART ONE: Funeral Home Information

Name of Funeral Home:
Requestor:
Address:
Phone #: Cell #: Fax #:
Do you have a flag to present? Yes No

PART TWO: Information - Deceased Veteran

Name of Deceased Veteran:
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
Merchant Marine
Date of Birth: Social Security #: Date of Death:
Retired from Military Service? Yes No Rank (if known):
Who will the flag be presented to? Relationship to Veteran:
*Next of Kin-Address & Phone #:

PART THREE: Type of Honors Requested by the Family

(Funeral directors should inform the family of the following: There is no cost associated with providing honors; the family can select the type of honors to be provided; the family can select if they would like honors performed by the military, VSO, or both; due to a shortage of buglers Taps is normally played by an electronic method.)

Type of service to be provided: Casket Cremation Memorial
Honors requested (check box that applies): Firing Detail, Taps, Flag, Presentation
Taps, Flag, Presentation
Flag, Presentation
Will the flag be? Pre-folded Draped
Has a VSO been contacted by the family or Funeral Director to participate? Yes No
Post #:
Phone #:
Point of Contact:
VSO confirmed to provide rifle detail? Yes No
VSO confirmed to provide Taps? Yes No

PART FOUR: Funeral Honors Location (i.e., cemetery, church, etc.)

Date: Time: City: County:
Location Name:
Address:
Directions to ceremony location:

Indicate any other special requests (example: commissioned officer or military relative to present the flag):

The funeral director should call in or fax this information as soon as possible to the above contact numbers. If you do not hear from us within 24 hours, or in a case of a short notification, confirm the coordination with us.



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.