|  |  |
| --- | --- |
| H:\PublicAffairs\CommOfficer\Graphic Designs\Becky\WDVA Logos\WDVA Signature Exported Files\Print\WDVA_Signature - Black - 300ppi.jpgWis. Stats. Chapter 45 | MILITARY FUNERAL HONORS PROGRAM21731 Spring St., Union Grove, WI 53182Toll Free: 1-877-944-6667 | Toll Free Fax: 1-866-454-0356 Alt. Fax: (262) 878-5677 |
| **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 HonorGuard 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.** |