



**ARKANSAS DEPARTMENT OF VETERANS AFFAIRS
MILITARY FUNERAL HONORS STIPEND REQUEST FORM**



This is a fillable PDF form to enable the required information to be typed directly on the form. If computer access is not available, it is permissible to print a copy of this form and fill it out by hand. All handwritten information must be printed legibly in order to process the Stipend request. Forms submitted with illegible handwriting will be returned to the sender for correction.

**FAX COMPLETED STIPEND REQUEST FORM TO THE
ARARNG MFH OFFICE - FAX NUMBER (501) 212-5843**

The Arkansas Department of Veterans Affairs (ADVA) Military Funeral Honors (MFH) Stipend in the amount of Fifty Dollars (\$50.00) is available for reimbursing VSO Honor Guard Teams that augment the delivery of military funeral honors in partnership with an Active Duty Military Branch Honor Guard Team (at least two Armed Forces service members). VSO Honor Guard Teams that perform MFH without partnering with an Active Duty Military Branch Honor Guard Team are not eligible to receive the ADVA MFH Stipend.

PART ONE: DECEASED VETERAN INFORMATION

Name of Veteran: _____

Date Honors Performed: _____

Location where MFH Performed (City or Community and County): _____

Branch of Service: U.S. Army U.S. Navy U.S. Coast Guard

U.S. Marine Corps U.S. Air Force Merchant Marine

DDF 214 verified by ARARNG MFH Program Official

PART TWO: VSO MFH HONOR GUARD TEAM INFORMATION

VSO Name: _____

VSO Chapter #: _____ VSO Point of Contact Name: _____

VSO Phone #: _____ VSO Fax #: _____

Street Address and/or P.O. Box #: _____

City, State, ZIP Code: _____

Name of VSO MFH Honor Guard Team Leader: _____

Signature of VSO MFH Honor Guard Team Leader: _____

VSO MFH Honor Guard Team Members: (Print each name)

MFH performed (check the applicable box):

Full Honors (Rifle Detail, "Taps" and Flag Folding) Basic Honors ("Taps" and Flag Folding)

Verified by National Guard or Active Duty MFH Honor Guard Team Leader: Phone #: _____

Name: _____ Signature: _____ Date: _____

Print Name

PART THREE: ARARNG MFH VERIFICATION / ADVA APPROVAL

The information provided on this form has been verified by the ARARNG MFH Program Official:

Verified by: _____ Signature: _____ Date: _____

Print Name

ADVA APPROVAL

Signature: _____ Date: _____

Director, Arkansas Department of Veterans Affairs