



ARKANSAS DEPARTMENT OF VETERANS AFFAIRS
MILITARY FUNERAL HONORS STIPEND REQUEST FORM



This is a fillable PDF form with the option to type information 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.

HANDWRITTEN INFORMATION MUST BE LEGIBLE IN ORDER TO PROCESS THE STIPEND REQUEST.
FORMS CONTAINING ILLEGIBLE INFORMATION WILL BE RETURNED TO SENDER FOR CORRECTION.

FAX OR SCAN AND EMAIL THE COMPLETED MFH STIPEND REQUEST FORM TO
ARKANSAS ARMY NATIONAL GUARD (AR ARNG) MILITARY FUNERAL HONORS OFFICE
FAX NUMBER: (501) 212-5843 | EMAIL: NG.AR.ARARNG.LIST.MFH@MAIL.MIL

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

PART ONE: DECEASED VETERAN'S INFORMATION

Veteran's Name: _____
Date Honors rendered: _____
Location Honors rendered (City/Community and County): _____
Branch of Service: U.S. Air Force U.S. Army U.S. Coast Guard U.S. Marine Corps U.S. Navy Merchant Marine
 DDF 214 verified by AR ARNG MFH Program Official

PART TWO: VSO MFH HONOR GUARD INFORMATION | VERIFICATION BY NATIONAL GUARD
OR ACTIVE DUTY HONOR GUARD LEADER THAT HONORS WERE RENDERED

VSO Post Name: _____
VSO Chapter #: _____ VSO Post Commander's Name: _____
VSO Phone #: _____ VSO Fax #: _____
Street Address and/or P.O. Box #: _____
City, State, ZIP Code: _____
VSO MFH Honor Guard Leader's Name: _____
VSO MFH Honor Guard Leader's Signature: _____
VSO MFH Honor Guard Members: (Print Members' Names)

MFH rendered: (check applicable box)
 Full Honors (Rifle Detail, "Taps" and Flag Folding) Basic Honors ("Taps" and Flag Folding)
Verified by National Guard or Active Duty Honor Guard Leader: Phone # : _____
Print Name: _____ Signature: _____ Date: _____

PART THREE: AR ARNG MFH PROGRAM OFFICIAL VERIFICATION | ADVA APPROVAL

Information verified by AR ARNG MFH Program Official:
Print Name: _____ Signature: _____ Date: _____

ADVA APPROVAL
Print Name: _____ Signature: _____ Date: _____