



State of Colorado
Department of Military and Veterans Affairs
Military Funeral Honors Stipend Request



A Veterans Service Organization (VSO) will submit this form to request a stipend for performing military funeral honors. The responsibility for proper completion and submission of this form rests with the VSO. The Colorado Department of Military and Veterans Affairs will issue stipend payments for up to four honors services performed per day; not to exceed \$150. Please see "Instructions to Apply for the Benefit" sheet for additional guidance.

- Requests must be received within **15 days** of honors being provided.
- The VSO is responsible for obtaining the mandatory signatures from the Honor Guard Leader and verification from the Funeral Director or cemetery representative.
- Eligibility for each veteran must be verified by DD-214. **DO NOT** attach DD-214's with this form.
- Requests can be mailed, e-mailed, or faxed. An incomplete form will cause delays in processing.

PART I: VSO Performing Honors

Honor Guard Unit: _____ Vendor #: _____
Unit Address: _____ City & Zip: _____

Point of Contact (please print): _____ Phone #: _____

Honors performed (check the box that applies):

Full Honors (Rifle Detail, Taps, Flag Folding)

Basic Honors (Flag Folding & Taps)

Signature of Honor Guard Leader: _____ Date: _____

PART II: Information – Deceased Veteran

DD-214 Eligibility Confirmed by VSO

Name of Veteran Last: _____ First: _____ M: _____

Date Honors Performed: _____

Location of Honors: City: _____ County: _____

Branch of Service: U.S. Army U.S. Navy U.S. Coast Guard ☐ U.S. Space Force
U.S. Marine Corps U.S. Air Force Merchant Marine

PART III: Verification (Must be completed by Funeral Director or Cemetery Representative)

Were the military honors performed in an acceptable manner? Yes No

Name of Organization: _____

City: _____ Phone #: _____

Representative Printed Name: _____

Representative Signature: _____ Date: _____

Mail, e-mail, or fax this form to:

Honors Stipend, Veterans Memorial Cemetery, 2830 Riverside Parkway, Grand Junction CO 81501
HonorGuardStipend@dmva.state.co.us Office: (970) 263-8986 Fax: (970) 257-7450

For Office Use Only

PAYMENT INFORMATION

Intake Date: _____ Amount: _____ Entered By: _____ Invoice Number: _____

Additional Military Funeral Honors (copy as needed – must attach to completed page 3)

Honor Guard Unit: _____

Vendor #: _____

Full Honors (Rifle Detail, Taps, Flag Folding)

Basic Honors (Flag Folding, Taps)

PART II: Information – Deceased Veteran

DD-214 Eligibility Confirmed by VSO

Name of Veteran Last: _____ First: _____ M: _____

Date Honors Performed: _____

Location of Honors: City: _____ County: _____

Branch of Service: U.S. Army U.S. Navy U.S. Coast Guard U.S. Space Force
U.S. Marine Corps U.S. Air Force Merchant Marine

PART III: Verification (Must be completed by Funeral Director or Cemetery Representative)

Were the military honors performed in an acceptable manner? Yes No

Name of Organization: _____

City: _____ Phone #: _____

Representative Printed Name: _____

Representative Signature: _____ Date: _____

For Office Use Only

PAYMENT INFORMATION

Intake Date: _____ Amount: _____ Entered By: _____ Invoice Number: _____

Full Honors (Rifle Detail, Taps, Flag Folding)

Basic Honors (Flag Folding, Taps)

PART II: Information – Deceased Veteran

DD-214 Eligibility Confirmed by VSO

Name of Veteran Last: _____ First: _____ M: _____

Date Honors Performed: _____

Location of Honors: City: _____ County: _____

Branch of Service: U.S. Army U.S. Navy U.S. Coast Guard U.S. Space Force
U.S. Marine Corps U.S. Air Force Merchant Marine

PART III: Verification (Must be completed by Funeral Director or Cemetery Representative)

Were the military honors performed in an acceptable manner? Yes No

Name of Organization: _____

City: _____ Phone #: _____

Representative Printed Name: _____

Representative Signature: _____ Date: _____

For Office Use Only

PAYMENT INFORMATION

Intake Date: _____ Amount: _____ Entered By: _____ Invoice Number: _____

Additional Military Funeral Honors (copy as needed – must attach to completed page 3)

Honor Guard Unit: _____

Vendor #: _____

Full Honors (Rifle Detail, Taps, Flag Folding)

Basic Honors (Flag Folding, Taps)

PART II: Information – Deceased Veteran

DD-214 Eligibility Confirmed by VSO

Name of Veteran Last: _____ First: _____ M: _____

Date Honors Performed: _____

Location of Honors: City: _____ County: _____

Branch of Service: U.S. Army U.S. Navy U.S. Coast Guard U.S. Space Force
U.S. Marine Corps U.S. Air Force Merchant Marine

PART III: Verification (Must be completed by Funeral Director or Cemetery Representative)

Were the military honors performed in an acceptable manner? Yes No

Name of Organization: _____

City: _____ Phone #: _____

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Representative Signature: _____ Date: _____

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Intake Date: _____ Amount: _____ Entered By: _____ Invoice Number: _____

Mail, e-mail, or fax this form to:

Honors Stipend, Veterans Memorial Cemetery, 2830 Riverside Parkway, Grand Junction CO 81501

HonorGuardStipend@dmva.state.co.us Office: (970) 263-8986 Fax: (970) 257-7450