

MILITARY FUNERAL HONORS STIPEND PROGRAM APPLICATION

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By completing and signing this application to request MFHS funds the VSO affirms:

- Veteran received either Full (flag folding, rifle detail, Taps) or Basic (flag folding, Taps) Military Honors, performed acceptably and in accordance with the National Defense Act of 2000 (Public Law 106-65.).
- All paperwork is complete, accurate, and signed by the appropriate authority. Unsigned, incomplete or illegible applications may be delayed or returned to VSO.

VSO PERFORMING HONORS

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Honor Guard Unit: _____ Vendor #: _____

Complete Official Unit Address: _____

Authorized VSO Contact Name: _____

Phone Number and Email: _____

VSO Contact Signature: _____ Date: _____

DECEASED VETERANS' INFORMATION

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

Date Honors Performed: _____

City and County of Honors Ceremony: _____, _____

Branch of Service:

____ Merchant Marines ____ U.S. Air Force ____ U.S. Army

____ U.S. Coast Guard ____ U.S. Marines ____ U.S. Navy ____ U.S. Space Force

FUNERAL DIRECTOR OR CEMETERY REPRESENTATIVE:

First Name: _____ Last Name: _____

Signature: _____ Date: _____

Submit completed applications to: honorguardstipend@dmva.state.co.us DO NOT attach DD-214s.

FOR OFFICIAL USE ONLY		PAYMENT INFORMATION	
Intake Date:	Amount:	Entered By:	Invoice #: