

## APPLICATION FOR MILITARY HONORS

Name of Veteran: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Date and time requested: \_\_\_\_\_

Makeup of Honor Guard:

- ☐ Marine Corps League members only
- ☐ American Legion members

Please supply Post/Detachment number if Veteran was a member of the following:

American Legion: \_\_\_\_\_ MCL: \_\_\_\_\_ VFW: \_\_\_\_\_

What type of honors are requested:

- ☐ Folding of flag
- ☐ Presentation of flag

To: \_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_

- ☐ Rifle honors
- ☐ Taps

Point of Contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Requested location/address of honors:

\_\_\_\_\_  
\_\_\_\_\_

If you are not a member in good standing and the location is not within ten (10) miles of Post 243  
we respectfully request for a donation of \$250

Please make checks payable to:

Oviedo Memorial Post 243, The American Legion  
or  
Marine Corps League, Detachment 64