



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

Office Symbol

Date

MEMORANDUM FOR Casualty Assistance Center (CAC), 4700 Mow-way Road, Suite 140, Room 143, Fort Sill, Oklahoma 73503

SUBJECT: Request Certification of Military Funeral Honors (MFHs) Team

1. The below listed personnel have been trained to perform MFHs duties as a (select one) Full Honors (FH) / Service Representative (SR) Team.

2. I am requesting certification for: Unit: _____

Date: _____ 201__

Time: _____ a.m. / p.m.

Location:

3. Roster

RANK	NAME (Last, First)	SSN (last four only)	DUTY POSITION
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4. The Point of Contact (POC) for this memorandum is (Rank & Name) at (Phone Number), and or (Email Address)

Signature Block