

Requirements for Military Funeral Honors Stipend

A local unit of a congressionally chartered veterans service organization (VSO) or its auxiliary is eligible under Minnesota Statute Chapter 197 Honor Guards [197.231] to receive a stipend of up to \$50 for each time the local unit provides an honor guard detail at the funeral of a deceased veteran. If the local unit provides a student to play “Taps,” the local unit may pay some or all the stipend to the student. The commissioner may give priority to local units that do not have charitable gambling operations. To be eligible to receive the reimbursement:

- The VSO must have registered as a state vendor and received a state vendor number. VSO’s may register at <https://www.mmd.admin.state.mn.us/webven/>. The VSO must list on the form the post name and number that is shown on the W9 form, not the association or group the post is part of. Enter the word FUNERAL, when prompted to enter the type of service.
- Services must be for a veteran whose service has been verified by DD-214. If assistance is required to verify service, call (651)296-2562. **Do not submit DD-214’s with the Military Funeral Honors Stipend Request.**
- The VSO, not the funeral director, is responsible for obtaining all signatures and submitting the Military Funeral Honors Stipend Request.
- The VSO is required to submit a Military Funeral Honors Stipend Request, which will verify that the veterans group, post or chapter has performed honors on a given date. We request that forms be submitted as soon after honors are performed or no later than 45 days after the date of honors. **There is a one-time exemption from the submittal deadline for honors performed during the period of July 1, 2007 – November 30, 2007.** Forms should be mailed to the address listed on the form or faxed to: (651) 282-4125. A VSO may submit requests on a monthly basis and will only need to complete part two and three for each additional honor performed.
- A VSO that receives income from charitable gambling may submit a request. However, the request will be held until August 15 for honors performed through June 30 and will be processed only if funds are available.
- The VSO must perform honors in accordance with the National Defense Act of 2000 (Public Law 106-65.) Military funeral honors detail shall, at a minimum, perform at the funeral a ceremony that includes the folding and presentation of the U.S. flag and play “Taps,” either by a high-quality recording or by a bugler. The law defines a military funeral honors detail as two or more former or active uniformed military persons, with at least one being a member of the veteran's branch of military service. Additional honors such as a firing (rifle) detail may be provided if resources are available.
- Upon the coordination of honors with the ARNG Honor Guard Coordinator and when a VSO participates with a minimum of two Minnesota Army National Guard members in performing the honors, the reimbursement for those honors may double the eligible amount. For additional information, contact Bastian C. VanHofwegen, ARNG Funeral Honors Coordinator, at (651)282-4570.

Military Funeral Honors Stipend Request

A Veterans Service Organization (VSO) should 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. Stipend will not exceed \$50.00 from the Minnesota Department of Veterans Affairs and/or an additional \$50.00 from the Minnesota National Guard for each honors being provided.

- All requests must be submitted within 45 days of honors being provided.
- The VSO is responsible for obtaining the mandatory signatures from the Honor Guard Leader, Funeral Director and ARNG Honor Guard Coordinator.
- Service for each veteran should be verified by DD-214. Do not submit a DD-214 with this form.

PART ONE: VSO Performing Honors

Charitable Gambling (check one) yes no

Honor Guard Unit: _____ Vendor #: _____

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

Address: _____ City: _____ Zip: _____

Honors performed (check box that apply):

Full Honors (Rifle Detail, Taps, Flag Folding) Basic Honors (Flag Folding, Taps)

Signature of Honor Guard Leader: _____ Date: _____

PART TWO: Information – Deceased Veteran

DD-214 Form Confirmed

Name of Veteran: _____

Date Honors Performed: _____ Date of Birth: _____

Location of Honors: City: _____ County: _____

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

National Guard Stipend Only: Verifier #1: _____ SSN: _____

Verifier #2: _____ SSN: _____

PART THREE: Funeral Director Verification

Were the military honors performed in an acceptable manner? Yes No
(Contact Bastian C. VanHofwegen, ARNG Honor Guard Coordinator, with any comments)

Name of Funeral Home: _____

City: _____ Phone #: _____

Printed Name: _____

Signature: _____ Date: _____

Mail or fax the form to: Bastian C. VanHofwegen, ARNG Honor Guard Coordinator, Veterans Service Bldg, 20 West 12th St, St Paul, MN 55155. Office: (651) 282-4570 Fax: (651) 282-4125

For Office Use Only

PAYMENT INFORMATION

Amount: _____ Input Date: _____ Trans #: _____ Entered By _____

ARNG Honor Guard Coordinator Approval: _____ Date: _____

Additional Military Funeral Honors Continued (make copies as necessary)

Honor Guard Unit: _____ Vendor #: _____

Full Honors (Rifle Detail, Taps, Flag Folding) Basic Honors (Flag Folding, Taps)

PART TWO: Information – Deceased Veteran

DD-214 Form Confirmed

Name of Veteran: _____

Date Honors Performed: _____

Date of Birth: _____

Location of Honors: City: _____ County: _____

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

National Guard Stipend Only: Verifier #1: _____ SSN: _____

Verifier #2: _____ SSN: _____

PART THREE: Funeral Director Verification

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

(Contact Bastian C. VanHofwegen, ARNG Honor Guard Coordinator, with any comments)

Name of Funeral Home: _____

City: _____ Phone #: _____

Printed Name: _____

Signature: _____ Date: _____

Full Honors (Rifle Detail, Taps, Flag Folding) Basic Honors (Flag Folding, Taps)

PART TWO: Information – Deceased Veteran

DD-214 Form Confirmed

Name of Veteran: _____

Date Honors Performed: _____

Date of Birth: _____

Location of Honors: City: _____ County: _____

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

National Guard Stipend Only: Verifier #1: _____ SSN: _____

Verifier #2: _____ SSN: _____

PART THREE: Funeral Director Verification

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

(Contact Bastian C. VanHofwegen, ARNG Honor Guard Coordinator, with any comments)

Name of Funeral Home: _____

City: _____ Phone #: _____

Printed Name: _____

Signature: _____ Date: _____
