## Request for <u>Honor Guard</u> and/or <u>Post Everlasting</u>

Full Name of Deceased Veteran:	
Branch of Military Service:	
Date and Time of Visitation and/o	or Funeral Services:
Funeral Home:	
<u>runorar riomo</u> .	
Location of Burial – Cemetery M	lausoleum:
Location of Burial — Ocinicicity, in	idusoicum.
Desired Date of Post Everlasting	<u>  tribute</u> :
Desired Date of 1 ost Everiasting	tribute.
Name and contact information of	f the Requestor:
Name:	
Address:	
E-Mail:	Phone:

Special Notes/Deta	<u>ıils</u> :		

NOTE: It is not required that the veteran be a member of the American Legion to receive Honor Guard support.

Submit to American Legion Post 157, 205 12<sup>th</sup> Street, Bandera, TX 78003 or by calling (830) 796-7528 or e-mail to <u>amlegion157@live.com</u> to provide the information telephonically or make an appointment to meet the Service Officer.