



**State of Minnesota – Department of Veterans Affairs**  
*Military Funeral Honors Stipend Request, July 1, 2016 – June 30, 2017*

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 for each honors being provided.

- **Requests are preferred within 30 days of honors being provided.**
- **The VSO is responsible for obtaining the mandatory signatures from the Honor Guard Leader and the Funeral Director.**
- **Service for each veteran must be verified by DD-214. Do not submit a DD-214 with this form.**
- **An incomplete form will be returned to the VSO.**

**PART ONE: VSO Performing Honors**

Honor Guard Unit: \_\_\_\_\_ SWIFT 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 Last: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_  
 Date Honors Performed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Location of Honors:      City: \_\_\_\_\_ County: \_\_\_\_\_  
 Branch of Service:     U.S. Army                       U.S. Navy                       U.S. Coast Guard  
                                   U.S. Marine Corps       U.S. Air Force               Merchant Marine

**PART THREE: Funeral Director Verification (to be completed by the Funeral Director)**

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

Name of Funeral Home: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Funeral Director Printed Name: \_\_\_\_\_

**Funeral Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail or fax the form to: Fiscal Services, Accounts Payable Coordinator, 2<sup>nd</sup> Floor Veterans Service Bldg, 20 West 12<sup>th</sup> St, St Paul, MN 55155. Office: (651) 296-2562 Fax: (651) 757-1575**

<b>For Office Use Only</b>	<b>PAYMENT INFORMATION</b>		
Amount: _____	Input Date: _____	Voucher #: _____	Entered By: _____
Approved by: _____		Date: _____	

**Additional Military Funeral Honors (copy as needed – must attach to completed page 1)**

Honor Guard Unit: \_\_\_\_\_ SWIFT 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 Last: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_

Date Honors Performed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Location of Honors: City: \_\_\_\_\_ County: \_\_\_\_\_

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

**PART THREE: Funeral Director Verification (to be completed by the Funeral Director)**

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

Name of Funeral Home: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Funeral Director Printed Name: \_\_\_\_\_

**Funeral Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

**PAYMENT INFORMATION**

Amount: \_\_\_\_\_ Input Date: \_\_\_\_\_ Voucher #: \_\_\_\_\_ Entered By: \_\_\_\_\_

Approved by: \_\_\_\_\_ 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 Last: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_

Date Honors Performed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Location of Honors: City: \_\_\_\_\_ County: \_\_\_\_\_

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

**PART THREE: Funeral Director Verification (to be completed by the Funeral Director)**

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

Name of Funeral Home: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Funeral Director Printed Name: \_\_\_\_\_

**Funeral Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

**PAYMENT INFORMATION**

Amount: \_\_\_\_\_ Input Date: \_\_\_\_\_ Voucher #: \_\_\_\_\_ Entered By: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



## **State of Minnesota – Department of Veterans Affairs**

### *Military Funeral Honors Stipend Request, July 1, 2016 – June 30, 2017*

#### **Instructions to apply for the benefit**

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. To be eligible to receive the reimbursement:

- The VSO must have registered as a state supplier and received a SWIFT (Statewide Integrated Financial Tools) vendor ID number. Instructions on how to obtain your current or new SWIFT vendor ID number can be found at:  
<http://www.mmb.state.mn.us/doc/maps/vendor/step-by-step.pdf>.
- If you have any question regarding vendor registration, please contact SWIFT helpline at 651-201-8106 or 651-201-8100
- Services must be for a veteran whose service has been verified by DD-214 through the funeral director. If assistance is required to verify service, contact your County Veterans Service Officer.

#### **Do not submit DD-214’s with the Military Funeral Honors Stipend Request.**

- The VSO is responsible for obtaining all original 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.  
**Forms should be submitted within 15 days of honors performed.**

Forms should be mailed to the address listed on the form or faxed to: (651) 757-1575.

- 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.