

Name: _____ ETS: _____

MILITARY FUNERAL HONORS PARTICIPANT CHECKLIST

Check When Completed	Documents	Date Turned In and initialed by MFH Office Personnel
☐	Participant information Sheet	_____
☐	Copy	
☐	1 Civilian Driver's License	_____
☐	2 Military Driver's License	_____
☐	Letter of Recommendation 1 By Soldiers Company Commander	_____
☐	Operations of GSA signed	_____
☐	Funeral Honors Statement	_____
☐	Copy of Last APFT and 5500-R Male OR 5501-R Female	_____
☐	Initial Counseling	_____
☐	Statement of Agreement	_____

Complete AFTER Program Manager signs the SOA

_____	Hand Receipt (Supply NCO)	_____
_____	Add to Call Roster (AC)	_____
_____	Add to Tasking List (AC)	_____
_____	Add to Funeral Paperwork (AC)	_____
_____	File Signed SOA (AC)	_____

Who recruited you? _____

How did you hear about the program?

"Honoring Those Who Served"

PARTICIPANTS INFORMATION SHEET

RANK: _____ ETS: _____

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN: _____ DOB: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

ALT EMAIL ADDRESS: _____

PROFILE OR FLAGS

FLAG STATUS OR PROFILES: _____

UNIT INFORMATION

UNIT: _____ PHONE: _____
READINESS NCO: _____ CO COMMANDER: _____

EMPLOYER INFORMATION

EMPLOYER: _____ ADDRESS: _____
POSITION: _____

COLLEGE INFORMATION

COLLEGE: _____ ADDRESS: _____
(CIRCLE ONE THAT APPLIES) FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR ☐ _____

ROTC: YES ☐ NO ☐

SCHEDULES

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WORK							
SCHOOL							



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
Military Funeral Honors Program
151 Eggerts Crossing Road
Lawrenceville, NJ 08648

CJS-FP-MFH

7 March 2025

MEMORANDUM FOR: MILITARY FUNERAL HONORS PROGRAM

SUBJECT: Letter of Recommendation for

1. I would like to recommend the above Soldier for consideration for the Military Funeral Honors Program. I served as “ ” Readiness NCO and he/she is an outstanding Soldier. I feel that he is a great credit to the National Guard, and would be a credit to the Military Funeral Honors Program.

2. To my knowledge “ ” has no pending or adverse action (military or civilian) against them within the last twelve months.

3. Point of Contact is the undersigned at phone or email.

“READINESS NCO”
“RANK”, NJARNG
Readiness NCO
“UNIT”



DEPARTMENT OF THE ARMY
Military Funeral Honors Program
151 Eggerts Crossing Road
Lawrenceville, NJ 08648

CJS-FP-MFH

7 March 2025

MEMORANDUM FOR RECORD Military Funeral Honors Members

SUBJECT: Operation of GSA Vehicles

1. Each individual is responsible for filling the gas tank prior to returning to the site of departure, ensuring there is no trash in the vehicle, the condition of, mileage and usage of the GSA vehicle. Any damage caused by the operator can and will be charged back to the operator. (Such as spills, tares, or anything caused by tobacco products, etc.)

a. Use of GSA and fuel card is for MPH related tasks and at NO TIME are you to use the GSA or fuel card for personal business.

b. Before a GSA leaves on a mission, the Soldier must complete a GSA PMCS and if the Soldier(s) are traveling over 150 miles they must complete a risk assessment.

c. Do not speed, most GSA vehicles are equipped with GPS tracking and will send a message to HQs letting them know what vehicles are operating over speed limits.

2. Fuel Purchases. BE AWARE THAT THE GOVERNMENT KNOWS HOW MANY GALLONS OF GAS THE VEHICLE HOLDS. The fuel card is for use in the assigned GSA ONLY and at NO TIME will you use it to fuel POVs or other GSAs.

a. Insure that the commercial fuel vendor accepts your fuel card prior to purchasing fuel. Pay at the pump if possible.

b. You are required to provide a driver ID and odometer mileage at the time of purchase. The vehicle license plate 4 digit-number is the driver ID number and make sure you use the actual odometer mileage and NOT the trip mileage.

c. You are required to purchase only 87 octane fuels.

d. You CANNOT be reimbursed for any "out of pocket" cash purchase of fuel. Only purchase with the GSA fleet card,

e. The only other purchases that can be made on the GSA card are:

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SUBJECT: Operation of GSA Vehicles

1. Oil
2. Windshield Washer Fluid
3. Windshield wiper blades

f. Remind the store clerk at the register to use the automotive or the miscellaneous button, not grocery, for the items listed above. If the miscellaneous button was used, write the product name, date, price and your initials on the receipt.

g. Receipts must be turned into the area coordinator. If you return late, place the receipt in the card holder pouch and turn the keys into the post Police Department.

3. GOV Maintenance. Call the number on the back of the card if there are any questions concerning maintenance above individual level.

a. Do not have your vehicle serviced (oil change) without the MFH coordinator or Federal Technician's knowledge and/or authorization from GSA.

b. Roadside assistance. If your car breaks down on the road, call the number on the back of the GSA card or roadside assistance number in your vehicle's owner's manual.

c. Tire repair. If you have a flat, replace the flat tire with the vehicle's spare. If you have the flat repaired at a local service station:

(1) Call the 1-(800) number on the back of the card.

(2) Ensure that the service station accepts the GSA card.

d. Do not operate an unsafe vehicle. Call the MFH Coordinator or Area Coordinator if you feel the vehicle has excessive tire wear or some other dangerous condition that will make the operation of the vehicle unsafe for driving.

4. Accident/incident Procedures, should be a step by step process located in the glove compartment also a copy is provided as an enclosure. Report to the Supply Sergeant or Area Coordinator as soon as accident occurs, have the following information:

- a. Date and description of occurrence.
- b. GSA Tag number and mileage.
- c. GSA Vehicle condition and status.
- d. Operator of GSA vehicle.

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SUBJECT: Operation of GSA Vehicles

- e. Third party name, address, telephone number, and insurance company.
 - f. Soldier must complete SF91 accident report with sworn statements by witnesses; a copy should be located in the glove box. If the operator is unable to complete the report, it is his/her supervisor's responsibility to complete all necessary paper work. It is the Soldiers supervisor's responsibility to ensure the paperwork is correctly completed and in a timely manner.
 - g. Procure a copy of the police report.
 - h. Reminder: All passengers/witnesses will need to do a sworn statement.
 - i. Exchange of insurances. GSA is self-insured therefore; do NOT use your personal information to include your personal phone number. You will use the office number and official address for the Area Coordinator.
 - j. FLIPL will be initiated by the Area Coordinator or the assistant in the absence of the Area Coordinator. Forward all paperwork to the MFH technician to ensure it is completed. He/she will forward to CSMS. PLEASE NOTE that if the Soldier is found to be at fault and negligent through the FLIPL process, they can be held liable for the payment of damages sustained to government properties.
 - k. If damages are incurred by other vehicles and it is the fault of the GSA driver; the driver of that vehicle will need to file a claim through the FT. DIX JAG office which can be reached at extension (609) 898-6902.
5. The regulation governing the operation of a GSA is NGR 601-1 (9-25).
6. If the GSA or assigned impact card is used for anything other than the intended purpose you can be charged with Misuse of Government Funds IAW AR 27-10.
7. The POC for this memo is the undersigned.

Bless Sherrill
NCOIC
Military Funeral Honors

Signature: _____

Printed Name: _____

Date: _____

INSTRUCTIONS TO OPERATORS:

1. Render such assistance as you are able.
2. Call the police (911).
3. Call an ambulance, if necessary, (911).
 - a. Travel to nearest emergency room if you require medical immediate medical attention.
 - b. Inform hospital to contact your supervisor.
4. Call the fire department, if necessary, (911).
5. If you are able, before you leave the scene of the accident, fill out the Standard Form 91 (Motor Vehicle Accident Report.) There should be one in every glove compartment of every vehicle.
6. Do not leave the scene of an accident until released by the police.
7. Do not discuss payment of damages to the other driver/parties. Refer them to JAG.
8. If asked, inform the police that the Government is self-insured by law under Federal Tort Claim Act.
9. If you are able, review the GSA, State, or Military instructions in the glove compartment of the vehicle.
10. As soon as practical, call your supervisor or Commander.
11. Follow GSA/State instructions to call for a wrecker (instructions found in glove compartment.) If you are in a military vehicle, call your unit or the nearest National Guard Armory for a wrecker.

MILITARY FUNERAL HONORS STATEMENT

HONOR

Handpicked to serve as a member of the NJ ARNG Honor Guard my standards of conduct and level of professionalism must be above reproach, for I represent all others in my service.

Others earned the right for me to wear the ceremonial uniform one that is honored in a rich tradition and history; I will honor their memory by wearing it properly and proudly.

Never will I allow my performance to be dictated by the type of ceremony, severity of the temperature, or the size of the crowd. I will remain superbly conditioned to perfect all movements throughout every drill and ceremony.

Obligated by oath I am constantly driven to excel by a deep devotion to duty and a strong sense of dedication.

Representing every member, past and present, of the United States Army and the Armed Forces, I vow to stand sharp, crisp and motionless, for I am a New Jersey Army National Guard Military Funeral Honor Guardsman.

Why do you want to be a part of the New Jersey Army National Guard Military Funeral Honors Program? (Give a brief description)

Signature

Date

"Honoring Those Who Served"

STATEMENT OF AGREEMENT

I _____ agree to perform at least TWO
PRINT: RANK FIRST AND LASTNAME

Military Funeral Honors missions per month for the next 12 months to maintain my status as an Honor Guard member. This commitment is essential to upholding the dignity, professionalism, and solemn duty required in rendering final honors to our nation's fallen service members. Consistently meeting this requirement will ensure my eligibility for selection to Level 1 Honors Training, further enhancing my ceremonial proficiency and dedication to the program's mission.

The Military Funeral Honors Program represents one of the Army's highest traditions, requiring discipline, precision, and unwavering commitment. By fulfilling this obligation, I acknowledge the significance of providing a final tribute to those who have served and recognize the responsibility that comes with this role. I understand that my participation directly reflects the standards and integrity of the Honor Guard, and I am committed to performing my duties with the utmost respect and excellence.

SOLDIERS SIGNATURE DATE

PROGRAM MANAGER DATE