



LORAIN COUNTY VETERANS SERVICE COMMISSION

Commissioners: Stephen W. Bansek, Joseph A. Gee Sr., Sara Markle, Jose Torres, Samuel Wolfe

LCVSC Honor Guard Service Documentation Form

-----Section A. Veteran information-----

1. Name of deceased Veteran _____
2. DOB _____ DOD _____
3. Branch of Service _____ Dates of Service _____
4. Honorable Service _____ Burial Flag is needed from LCVSC _____

-----Section B. Service Information-----

1. Location of Honor Guard Service _____
2. Time _____ and date _____ Honor Guard Service
3. Funeral Home _____

-----Section C. Honor Guard information-----

1. Honor Guard providing the Service _____
2. Honor Guard Commander _____
3. Number of people in participating in Honor Guard Service _____
4. When was the last time the Honor Guard was certified by the LCVSC _____

-----Section D. Certification Information-----

We certify that the Honor Guard provided a honorable burial service for the deceased veteran. Additionally, the Honor Guard did not ask the family or other guest present for any type of financial donation for the services rendered by the Honor Guard. Our signatures indicate that all information listed above is true.

1. Funeral Home director or representative _____
2. Honor Guard Commander _____