# Honor Guard Grant Program
# Burial Service Roster

Organization Name: _____

Date of Burial Service: _____

Veteran Honored: _____

Location of Service: _____

Name of Funeral Home: _____

Funeral Director Printed Name: _____

Funeral Director Signature: _____

Date: _____

| Name of Honor Guard Member | Role (e.g., flag bearer, bugler) | Signature of Honor Guard Member |
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Tennessee Department of Veterans Services
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TN Department of Veterans Services