

Name and address of requesting organization:

Date: _____

SUBJECT: Request for \$50 Stipend Payment

FROM: _____ . (Name of person submitting request)

We are requesting a Stipend payment for _____ . (Name of deceased Veteran)

Branch of Service of deceased Veteran: _____ . (Army, Army Reserves, Army National Guard)

Honors were conducted on _____ . (Date Honors were conducted)

The bugler who performed "live" TAPS _____ . (Name of Bugler)

(Signature of person making request)

(Phone number of person making request)

Please send Signed form to:

North Dakota Army National Guard Military Funeral Honors
ATTN: Mr. Brad Heim (MFH State Coordinator)
PO Box 5511
Bismarck, ND 58506-5511