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