

**REQUEST TO FLY FLAG AT HALF STAFF
(ACTIVE DUTY ARMED SERVICES)**

Please complete this form and fax or e-mail at least 48 hours prior to date requested for flying the flag at half-staff.

Requestor Information:

Name and official position of local official _____

Phone number _____ Fax Number _____

E-mail _____

Spousal or Parental contact information (where applicable)

Decedent's Information:

Name _____

Enlistment date _____

Branch, Rank, Station & Honors _____

Active Duty Station before deployment _____

Date and Deployment location _____

Date of death and details if available _____

Brief description of decedent (i.e. hobbies, aspirations, family values, accomplishments or achievements)

Date requested for flying flag at half-staff _____