

SHGTUS Bereavement Services

Our Society provides services in the event of a Tomb Guard member's death. When notified by family in a timely manner and prior to the funeral/memorial services, every effort will be made to pay tribute by seeing that a Tomb Guard member's family receive the following services/items:

- A. **1 memorial Wreath or appropriate patriotic floral arrangement from the Society.**
- B. **Memorial Cards (200) ***
- C. **A presence from the Society****
- D. **The Society's headstone/niche marker***(Free to Life Tomb Guard members or \$50 for all other Tomb Guard members)**
- E. **The DVD "Voices from the Tomb"**

*SHGTUS memorial cards will include a photo of the family's choosing (preferred in uniform and on duty at the Tomb), however if no photos are available at the time of printing, a photograph of the Tomb will appear on the memorial card. The card will include the deceased member's name, rank, and dates of service at the Tomb. This completed form ***must be on file*** for a timely response from the Bereavement Committee.

**The Society will make every effort to have a Society member(s) attend the services. Travel and expenses may be prohibitive; therefore, the Society cannot reimburse expenses and this service will be performed by a volunteer.

***The Society's headstone/niche marker is provided free to Tomb Guard Life Members. They are offered for sale to all Tomb Guard members at the SHGTUS online store for \$50.00. The expense of attaching it to the headstone is not included and is the responsibility of your survivors. Please discuss the placement of the headstone marker with your funeral director. Many VA operated (national) cemeteries do not allow items to be affixed to the headstones, but private cemeteries do.

NOTE: Planning for your funeral/memorial service/celebration of life, is an important family matter. To insure that the Bereavement Committee is able to provide the best service to your family; it is **EXTREMELY** important that you discuss these wishes with your family and that they contact the Society **IMMEDIATELY** following your death to ensure that your wishes are fulfilled. If you have funeral arrangements in place or are planning to make them, please inform your funeral director ***in writing*** of the elements involving the Society and your service at the Tomb. These benefits are intended for **SOCIETY MEMBERS** only, so please **maintain your membership!**

Respectfully,

Amy McIlvenna, RN, BSN, CPT (Retired)
SHGTUS Bereavement Committee Director

Please submit pictures of yourself while serving at the Tomb via one of the following:

- Uploading digital pictures to your personal profile on the Society website www.tombguard.org
- Mail original photographs to Amy McIlvenna with a return address envelope. Amy will digitize the photos and return the originals)
- Email digital pictures to the Bereavement Committee at bereavement@tombguard.org

All information collected on the form will be used for the sole purpose of the Bereavement Committee to carry out its duties.

Please email this form to: bereavement@tombguard.org or mail it to the address below.

SHGTUS Bereavement Committee
ATTN: Amy McIlvenna
Post Office Box 1111
Hermitage, PA 16148

1. Would you like to have a SHGTUS grave marker installed on your memorial stone (cost of affixing the marker is at your own expense)? **YES NO**
2. Do you have a SHGTUS grave marker? **YES NO**
3. Do you currently have a plan for your funeral? **YES NO**
4. If you **have** a plan in place, where will your funeral/memorial service take place and where will you be interred/inurned/scattered?
5. If you meet the criteria and have the option of being laid to rest at Arlington National Cemetery, would you take advantage of that opportunity? **YES NO**
6. Would you like your family to receive the "Veterans Presidential Memorial Certificate"? **YES NO**
7. Are you interested in participating in Bereavement Committee activities as a member? **YES NO**
8. Are you willing to represent the Society at a funeral/memorial service of a brother/sister Tomb Guard? **YES NO**

Name: _____ Date of Birth: _____
 First Middle Last

Position: _____ Relief: _____ Rank at Tomb: _____ Badge # (if appropriate) _____

Dates of **Military Service**: _____ Dates of **Tomb Service** _____

What was your highest rank when you left the Military? _____

Mailing Address: _____

Email Address: _____ Phone _____

Spouse/Significant Other: _____ Phone _____

Child/other: _____ Phone _____

Child/other: _____ Phone _____

Child/other: _____ Phone _____

Signature _____ Date _____

PLEASE USE THE BACK OF THIS FORM FOR ANY ADDITIONAL INFORMATION THAT YOU WISH THE BEREAVEMENT COMMITTEE TO USE FOR THE PURPOSE OF PAYING RESPECTS TO YOU AND YOUR FAMILY.