

**FUNERAL HONORS DUTY (FHD) PARTICIPATION STATEMENT**

**PRIVACY ACT STATEMENT:** Authority to request this information is contained in 10 U.S.C. Chapter 1213, Section 12503. Purpose of the information will be used for official use only to assist officials and employees of the Department of the Navy in the processing of the requested pay for FHD participation. Completion of the form is mandatory; failure to provide any requested information may result in non-payment or delay in pay.

**COMMAND INFORMATION**

Navy Reserve Activity:		UIC:	
Command POC:		Phone:	
Rate/Rank:	Full Name:		
	Last	First	M.I.
E-Mail:		Fax:	

**PERSONAL INFORMATION**

Rate/Rank:	Social Security Number:		
Full Name:			
	Last	First	M.I.
Street Address:			Apartment:
City:		State:	ZIP Code:
State Code:		State Exemptions:	
Status: <input type="checkbox"/> SELRES <input type="checkbox"/> IRR <input type="checkbox"/> VTU <input type="checkbox"/> Retired		PEBD:	

**BANK INFORMATION**

Financial Institution:	
Routing Number:	Account Number:
Account Type:	<input type="checkbox"/> Checking or <input type="checkbox"/> Saving

**FHD INFORMATION**

FHD Dates:	
Period Performed:	<input type="checkbox"/> 1 (AM) or <input type="checkbox"/> 2 (PM)

NRA Commanding Officer Signature/Date: