

**AFTER ACTION REPORT  
FUNERAL DETAIL**

For use of this form, see USAARMC Reg 210-6

NAME OF DECEASED

DATE

TO:

FROM:

1. FOR THE PURPOSE OF CONDUCTING A MILITARY FUNERAL, A DETAIL REPORTED AS INDICATED BELOW:

A. NAME OF UNIT FURNISHING DETAIL

B. DETAIL WAS COMPOSED OF

- Pallbearers       Firing Squad       Buglar  
 Chaplain

C. DATE

D. TIME

E. REPORTED TO (Name)

F. LOCATION

2. OVERALL APPEARANCE OF TROOPS.

- Excellent       Above Average       Satisfactory       Unsatisfactory

3. PERFORMANCE OF DETAIL AT CHAPEL AND BURIAL SITE.

- |                        |                                    |  |                                       |   |
|------------------------|------------------------------------|--|---------------------------------------|---|
| A. SIZING AND DRESS    | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| B. MANUAL OF ARMS      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| C. MARCHING            | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| D. UNIFORMITY          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| E. TIMING              | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| F. CORRECT PROCEDURE   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| G. LEVEL CASKET        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| H. POSITION            | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| I. SIMULTANEOUS FIRING | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| J. FLAG FOLDING        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above Average | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |

4. PUNCTUALITY OF DETAIL:

A. FUNERAL SITE:

B. BURIAL SITE:

5. THE FOLLOWING PROBLEMS WERE ENCOUNTERED *(Specify and explain.) (Continue on reverse side if necessary.)*

6. SIGNIFICANT COMMENTS OR REMARKS OF THE CASUALTY ASSISTANCE OFFICER, FUNERAL DIRECTOR, OR NEXT OF KIN.

7. RECOMMENDATIONS FOR IMPROVEMENT *(Continue on reverse side if necessary.)*

CHECKLIST ATTACHED

TYPED NAME AND GRADE OF CAO

SIGNATURE

Continuation: