AFTER ACTION REPORT - FUNERAL DETAIL For use of this form, see USAARMC Reg 210-6	NAME OF DECEASED	DATE 2 May 2007

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	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ Unsatisfactory
B. MANUAL OF ARMS	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ Unsatisfactory
C. MARCHING	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ Unsatisfactory
D. UNIFORMITY	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ Unsatisfactory
E. TIMING	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ Unsatisfactory
F. CORRECT PROCEDURE	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ Unsatisfactory
G. LEVEL CASKET	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ Unsatisfactory
H. POSITION	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ Unsatisfactory
I. SIMULTANEOUS FIRING	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ Unsatisfactory
J. FLAG FOLDING	☐ Excellent	☐ Above Average	☐ Satisfactory	☐ 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: (Key to Item No. on previous page)