

# SERVICE BILL

Name: (PAYEE) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## BILL FOR SERVICES RENDERED

BUGLER SERVICES FOR FUNERAL \$ \_\_\_\_\_

Name of decedent: \_\_\_\_\_

Date of funeral: \_\_\_\_\_

Location of cemetery: \_\_\_\_\_

**This is to certify that a bugler has performed to play “TAPS” at the funeral above. The bugler was requested by the family/funeral director and will be paid for by Navy Region Mid-Atlantic under the FHS Program.**

\_\_\_\_\_  
**Funeral Director’s Signature (or)  
Military Honor Guard Signature**

Note: For the funeral director or Military Honor Guard, please sign and fax to 757-444-2767 (Attn: Leo).