

MN ARNG Honor Guard Soldier In-processing Checklist

Soldier Name: _____ Rank: _____ SS#: _____

	Date	Initials
<input type="checkbox"/> Personnel Data Sheet:	_____	_____
<input type="checkbox"/> Soldier Waiver Sheet:	_____	_____
<input type="checkbox"/> Annual Medical Certificate (DA-7349):	_____	_____
<input type="checkbox"/> Check Alpha Roster for NG Status:	_____	_____
<input type="checkbox"/> Commander's Questionnaire:	_____	_____
<input type="checkbox"/> Criminal Investigation Check:	_____	_____
<input type="checkbox"/> OD-30 Check: (GO) (NO-GO)	_____	_____
<input type="checkbox"/> Assign Soldier to an HG Region:	_____	_____
<input type="checkbox"/> Number of Years Active Service; RPAM Check:	_____	_____
<input type="checkbox"/> First Day of Honor Guard:	_____	_____
<input type="checkbox"/> Enter Soldier Personal Data into HG Records:		
<input type="checkbox"/> a) Alert Roster	_____	_____
<input type="checkbox"/> b) Endex Sheet	_____	_____
<input type="checkbox"/> c) Taps	_____	_____
<input type="checkbox"/> Complete Dress Blues Issue	_____	_____