



**CHAPLAIN CORPS REQUEST FORM**

REQUESTOR RANK/NAME:

UNIT / ORGANIZATION REQUESTING INVOCATION:

REQUESTOR E-MAIL:

REQUESTOR DUTY PHONE:

CELL OR OTHER PHONE # FOR CONTACT:

TYPE OF EVENT: PLEASE SELECT ONE

INVOCATION  BRIEFING  WEDDING  MEMORIAL/FUNERAL

LECTURES/SPEAKING  OTHER  CHAPLAIN SERVICE(S) REQUESTED (please be specific):

EVENT DESCRIPTION: (PLEASE BE SPECIFIC) i.e. Change of Command – Out going commander and In coming commander

DATE (S) OF EVENT:

START TIME:

DURATION OF EVENT:

LOCATION: *(Please specify with bldg # and/or directions)*

RELIGIOUS REQUIREMENTS: *(Catholic, Protestant, Other, No Preference)*

PARTICIPANT ATTIRE (Should be the same as presiding officer):

DV's ATTENDING:

If Yes please list if known

**PLEASE CIRCLE ONE:** IF FUNCTION INCLUDES A MEAL, UNIT/ORGANIZATION **WILL/WILL NOT** PROVIDE A MEAL: (Note: If meal is not included please list Cost to Chaplain)

COMMENTS:

SUBMIT FORMS TO: 99abw.hc@us.af.mil

**CHAPEL COORDINATION**

CHAPLAIN ASSIGNED:

ASSIGNED CHAPLAIN NOTIFIED ON: BY:

REQUESTOR NOTIFIED ON: BY: