



**Joint Base Charleston  
Honor Guard  
Request for Services  
(Chaplain)**



Date/Time of Request: \_\_\_\_\_ / \_\_\_\_\_

**REQUESTOR'S/POC'S INFORMATION**

Rank or Title/Name: \_\_\_\_\_ Unit/Office: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name/Address of Company: \_\_\_\_\_

\_\_\_\_\_

**DECEASED INFORMATION**

Please include Biography, Obituary, and DD Form 214

Grade/Name: \_\_\_\_\_

Military Status: Active Duty: \_\_\_\_\_ Reserve: \_\_\_\_\_ Retired: \_\_\_\_\_ Veteran: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Favorite Scripture(s): \_\_\_\_\_ Favorite Hymn/Song: \_\_\_\_\_

Next of Kin (Title/Name/Phone#): \_\_\_\_\_ Relationship: \_\_\_\_\_

**SERVICE INFORMATION**

Date: \_\_\_\_\_ Church Time: \_\_\_\_\_ Graveside Time: \_\_\_\_\_

Name/Address of Cemetery/Church: \_\_\_\_\_

Phone of Cemetery/Church: \_\_\_\_\_

Service Type: Traditional: \_\_\_\_\_ Cremation: \_\_\_\_\_ Memorial (no remains): \_\_\_\_\_

**Chaplain Assigned:** \_\_\_\_\_

E-Mail to [628.aw.chapel@us.af.mil](mailto:628.aw.chapel@us.af.mil) CALL (843) 963-4673

**FOR RECEIPT CONFIRMATION AND QUESTIONS/CONCERNS**

**"To Honor With Dignity"**