



**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 CALL (843) 963-4673

FOR RECEIPT CONFIRMATION AND QUESTIONS/CONCERNS

“To Honor With Dignity”