

BARKSDALE AFB CHAPLAIN CORPS REQUEST FOR RELIGIOUS SUPPORT

To allow us to best serve your needs, please complete all sections of the form as completely as possible. Allow a minimum of 3 working days for confirmation.

DATE OF REQUEST(DDMMYY):

REQUESTOR NAME (Last, First, MI):

RANK/GRADE:

TYPE OF REQUEST:

IF "OTHER", PLEASE DESCRIBE:

TYPE OF EVENT:

IF "OTHER", PLEASE DESCRIBE:

DATE OF EVENT (DDMMYY):

TIME OF EVENT:

RELIGIOUS REQUIREMENTS: Catholic Protestant Other _____ No Pref.

EVENT LOCATION (Address, Bldg #, etc):

EVENT POC (Last, First, MI):

RANK/GRADE:

UNIT/ORGANIZATION:

POC PHONE#:

ATTIRE: (circle one) BDUs / Blues / Service Dress / Mess Dress / Civilian Dress / Civilian Casual

DV's ATTENDING:

IF FUNCTION INCLUDES A MEAL, UNIT/ORGANIZATION WILL PROVIDE A MEAL FOR:

Chaplain Only; Chaplain & #____ Guests; Chaplain & Spouse; Chaplain & Family; Chapel Staff

COMMENTS:

Once completed, please fax or email this form to 456-2606 or 2bw.hc@barksdale.af.mil

NOTE: PROVIDE THE ASSIGNED CHAPLAIN A COPY OF SCRIPT, BIOS, FAMILY MEMBER ATTENDEES, AT LEAST THREE DAYS PRIOR TO THE EVENT.

CHAPLAIN/CHAPLAIN ASSISTANT ROUTING

SUPERVISOR Recommend Approval/Disapproval

INITIALS / **DATE**

ASSIGNED CHAPLAIN

NAME _____

WING CHAPLAIN Recommend Approval/Disapproval

INITIALS / **DATE**

CHAPLAIN NOTIFIED

INITIALS / **DATE**

REQUESTOR NOTIFIED

INITIALS / **DATE**

ENTERED ON OFFICIAL FUNCTION ROSTER

INITIALS _____ **DATE** _____

You will receive an email of approval.