 MARINE CORPS BASE QUANTICO CHAPLAIN 

REQUEST FORM

**Location:** Chapel Annex Office/Bldg. 3019 Embry Loop/Room 109

**Email:**  MCBQuanticoChapel@usmc.mil

**Office Phone:** 703-784-2518

**Fax:** 703-784-3637

**\*\* Due to reduced numbers of Active Duty Chaplains and weeks or months of advance requests already in queue, please consider requesting through your local community priests or ministers as alternate providers. Please inform us if you have identified an alternate. \*\***

*Note: All requests are reviewed on a case-by-case basis. To ensure your request is handled in a timely manner, please complete this form and return it to our office, email, or fax the form to the following at the top of this page.*

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_

REQUESTER INFORMATION:

CHAPLAIN STAFF USE ONLY:

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

Phone: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Confirmed Email: \_\_ Tickler: \_\_ Calendar: \_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Command: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVENT INFORMATION:

**Type** (circle/highlight one, or write in)**:** Funeral / Memorial / Retirement / Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Service(s) Requested:** Invocation / Benediction / Sermon / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person(s) Being Recognized (Rank, Last, First):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affiliation (Active Duty/Retired/DOD):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Number of Attendees: ­­­­­­­\_\_\_\_\_\_\_**

**\*IF RETIRED, attach DD214\***

**Religion/Denomination:** Catholic / Protestant / Islamic / Jewish / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Uniform:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Length of U.S. Military Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_ **Building Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Room:** \_\_\_\_\_\_

REHEARSAL INFORMATION:

**Will there be a rehearsal?** Yes / No

**If yes, will a Chaplain need to be at the rehearsal?** Yes / No

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_ **Building Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Room:** \_\_\_\_\_\_

RETIREMENTS AND CHANGE OF COMMAND:

Please attach a short **biography** and the names of the immediate family attending the ceremony.

FUNERALS:

Please attach a short **biography** of the deceased, including some details of their military history.

**Funeral Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funeral Director/Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deceased’s Information:** **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_ **Date of Death:** \_\_\_\_\_\_\_\_\_\_\_

**Branch of Service:** \_\_\_\_\_\_\_\_\_\_\_\_ **Dates of Military Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Affiliation (Active Duty/Retired/DOD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*IF RETIRED, attach DD214\***

**Honors Type:** Burial / Cremation

**Next of Kin (NOK):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOK Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NOK Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated Number of Attendees:** \_\_\_\_\_\_ **General Officers/VIPs:** Yes / No

*Please provide a list of General Officers/VIPs in attendance by email to* *MCBQuanticoChapel@usmc.mil* *including their respective names, ranks, and titles.*

**Services/Facilities Required:**

**Chaplain:** Yes / No **Chapel:** Yes / No **Quantico National Cemetery:** Yes / No