

**DEPARTMENT OF THE AIR FORCE  
315 AW/HC  
JB CHARLESTON**

**CHAPLAIN SERVICE REQUEST FORM**

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**COORDINATION DIRECTIONS:** Email request to 315 AW/HC (Chapel) org box [315.AW.HC@us.af.mil](mailto:315.AW.HC@us.af.mil)

Please have your request in NLT end of business on Saturday UTA prior to UTA request is scheduled for. Note that due to manning, the Chaplain may not be able to stay for the duration of the event.

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REQUESTOR RANK/NAME:

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UNIT / ORGANIZATION MAKING REQUESTING:

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REQUESTOR E-MAIL:

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REQUESTOR DUTY PHONE:

CELL OR OTHER PHONE # FOR CONTACT:

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TYPE OF REQUEST: PLEASE SELECT ONE

INVOCATION  BRIEFING  TOPIC

OTHER CHAPLAIN SERVICE(S) REQUESTED (please be specific): **PLEASE ATTACH BIO IF NEEDED**

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EVENT DESCRIPTION: (PLEASE BE SPECIFIC)

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DATE (S) OF EVENT:

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START TIME:

DURATION OF EVENT:

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

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ATTIRE: (please be specific)

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DV's ATTENDING:

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**PLEASE CIRCLE ONE:** IF FUNCTION INCLUDES A MEAL, UNIT/ORGANIZATION

**WILL**  **WILL NOT**  PROVIDE A MEAL: (Note: If the meal is not included please list cost to Chaplain)

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COMMENTS:

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**CHAPEL COORDINATION**

**CHAPLAIN ASSIGNED:**

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**ASSIGNED CHAPLAIN NOTIFIED ON:**

**BY:**

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**REQUESTOR NOTIFIED ON:**

**BY:**

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**Version dated Nov 2015-all previous versions obsolete**