

CHAPLAIN FUNERAL REQUEST

MACDILL AIR FORCE BASE

Monday thru Friday 0730 – 1500

Please fax to (813) 828-4924

Questions? Please call (813) 828-3621

DECEASED FAITH GROUP: PROTESTANT CATHOLIC
JEWISH MUSLIM OTHER_____

Today's date: _____

Name of Deceased: _____ Age: _____

Rank: _____ Branch: _____

Status: (circle one) ACTIVE DUTY RETIRED

Next of Kin Name/ Relationship to deceased: _____

Telephone: _____

Please check appropriate request: Gravesite _____ Funeral/Memorial Service _____

Date of Service _____ Time of Service: _____

Location of Gravesite: _____

Location of Funeral/Memorial Service _____

Funeral Home Requesting Service: _____

Funeral Director or Representative Name: _____

Telephone: _____ Cell Phone: _____

-----CHAPEL USE ONLY-----

Date/Time Fax received by: _____

Will Chaplain need a GOV? (circle one) Yes No

Chaplain Assigned: _____

Please notify Funeral Home and Honor Guard if you are performing funeral.

Support was confirmed on _____ by _____

PRIVACY ACT INFORMATION

AUTHORITY: 10USC 8013. PURPOSE: To document requests for funerals or graveside ceremonies. ROUTINE USES: Used by Chapel personnel to schedule a Chaplain for services and contact individuals that their request has been approved or denied. DISCLOSURE IS VOLUNTARY; Failure to provide required information could result in failure to obtain appropriate promptly. Current as of 3 April 2012