

**DEPARTMENT OF THE AIR FORCE****377 AIR BASE WING (AFGSC)****KIRTLAND AFB CHAPLAIN CORPS  
EVENT REQUEST FORM**

**377 ABW/HC**  
**1950 2ND STREET, SE**  
**KIRTLAND AFB, NM 87117**  
**PHONE: 505.853.5000 DSN: 263.5000**

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

AUTHORITY: 10 USC 8013. PRINCIPLE PURPOSE: Information is used to systematically schedule and control chaplaincy invocations.

ROUTINE USES: None. DISCLOSURE IS VOLUNTARY: However, chaplains cannot be scheduled without requested data.

POC NAME/ORGANIZATION:		POC PHONE NUMBER (DSN AND CELL):		TODAY'S DATE:	
TYPE OF EVENT:		NAME OF EVENT:		LOCATION OF EVENT:	
DATE/TIME OF EVENT (START TO FINISH):		SELECT UNIFORM OF OFFICIAL PARTY WHICH APPLIES:			IS THIS EVENT:
		MESS DRESS      SERVICE DRESS      OTHER			INDOOR
		OCP      CIVILIAN ATTIRE			OUTDOOR
IS THE CHAPLAIN'S SPOUSE INVITED (IF APPROPRIATE)?			IS A MEAL FOR THE CHAPLAIN PROVIDED?		
YES			YES		
NO			NO		
IF REQUESTING A SPECIFIC CHAPLAIN, FAITH GROUP, OR RELIGIOUS AFFAIRS AIRMAN, PLEASE LIST THEM BELOW (PLEASE EXPLAIN):					
WILL THERE BE ANY DISTINGUISHED VISITORS PRESENT? IF SO, PLEASE LIST BELOW:					
ADDITIONAL NOTES OR COMMENTS:				SIGNATURE OF REQUESTOR:	

**For Chapel Use Only:**

REMARKS:

Coordinated By:

Date:

Staff Providing Invocation:

Date Received:

Date Confirmed:

KIRTLAND CHAPEL FORM 1 - 20240215

**COORDINATION DIRECTIONS:** Email this request to the [377ABW.HC.Chapel@us.af.mil](mailto:377ABW.HC.Chapel@us.af.mil) org box. Please allow a minimum of two weeks to coordinate a chaplain. Note that due to manning considerations, the chaplain may not be able to stay for the duration of the event.

