

Date: _____

From: _____
To: Operations Department Head, Pastoral Care Services, Naval Medical Center, Portsmouth

Subj: REQUEST FOR CHAPLAIN PARTICIPATION

Type of Ceremony: Retirement Change of Command
 Reenlistment Commissioning/Decommissioning
 Pre-Deployment Commencement
 Other _____

Ceremony in honor of: _____

Command: _____

Date of ceremony: _____ Time: _____

Location: _____

Prayer(s) requested: Invocation Benediction Both

Uniform: Service Dress Blue Service Dress White Working Blue
 Summer Whites Service Khaki

Combination Cover Large Medals
 Nametag Miniature Medals White Gloves

Personal Information Spouse: _____
 Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 _____ Age: _____

Special accomplishments/Plans for the future: _____

POC: _____ Phone: _____
 Fax: _____
 E-mail: _____

+ +

FOR PCS USE ONLY:

Chaplain assigned: _____

K. C. JAMES, CDR, CHC, USN

+ +

Requestor notified by: _____ Date: _____
 Time: _____