the Chickasaw Nation

Chris Anoatubby
Governor

Department of Community Services / Social Services Division
Veterans Program
1909 Warrior Way / Ada, OK 74820 / (580) 272-2550 / Fax: (580) 272-2549

Chickasaw Honor Guard Request Form

30-day notice is required for all services except funerals.

The Chickasaw Nation Honor Guard will support events using the following criteria.

1. **Military funeral honors**
2. **Chickasaw Nation functions** (prioritized by date of request)
3. **All other requests for support** (prioritized by date of request)

Our decision to support events is based on manpower and workload. In circumstances where we cannot support your event, we will make every effort to give you as much advanced notice as possible. Please understand that funeral honors take precedence over all other Chickasaw Honor Guard activities. There is always a chance that non-funeral requests will be denied or canceled if the Chickasaw Honor Guard becomes overtasked with funeral ceremonies.

Primary contact:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Phone no.: (___) _____

Email address: _____

Title: _____ Organization: _____ Department: _____

Secondary contact:

Name: _____
First Middle Last Suffix

Phone no.: (___) _____ Email address: _____

Event information:

Date: _____ Time: _____ Location: _____

Address: _____
Street City State ZIP

Type of request:

☐ Color Guard (Presentation/Post of colors) ☐ Funeral ☐ Parade

Name of deceased: _____ Is the deceased cremated? ☐ Yes ☐ No

Funeral service type: ☐ Chapel/indoors ☐ Graveside ☐ Other: _____

Location of requested military honors: _____

Estimated time funeral procession will arrive at the cemetery: _____

Veterans branch of service: ☐ Army ☐ Marine Corps ☐ Navy ☐ Air Force ☐ Space Force ☐ Coast Guard

Applicant is next of kin: ☐ Yes ☐ No

Type of event:

☐ Chickasaw Nation event ☐ Community event ☐ School presentation

If Chickasaw Nation or community event, please indicate what event: _____

If school presentation, what grades? _____

☐ Powwow/Tribal Dance
☐ Other: _____

Honors requested: ☐ Flag fold/presentation ☐ Rifle Volley ☐ Taps

Is the event indoors? ☐ Yes ☐ No

Are additional flags requested: ☐ Eagle staff ☐ POW/MIA

Military service flags requested:
☐ Army ☐ Marine Corps ☐ Navy ☐ Air Force ☐ Space Force ☐ Coast Guard
☐ Other: _____

Additional comments:

_____

_____

_____

_____

Supporting information:

☐ Event agenda attached.

Acknowledgment:
Primary contact agrees to assume full responsibility for any and all claims or causes to action arising from or by reason of the Chickasaw Honor Guard's participation in the event. Primary contact agrees to indemnify and hold harmless the Chickasaw Nation, the Chickasaw Honor Guard, its volunteers, employees, officers and representatives, from and against any and all liability incurred as a result of or in any way connected to the Chickasaw Honor Guard services requested and performed at the event. Primary contact further agrees that nothing contained in this form or actions arising from the services requested will be construed to waive the sovereign rights and immunities of the Chickasaw Nation, its officers, employees or agents.

_____ _____
Primary contact signature Date