

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 <u>funeral honors take precedence</u> 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.

Name:			
First	Middle	Last	Suffix
Mailing address:	City	State	ZIP
	·	Glate	ZII
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:	2	2:	710
Street	City	State	ZIP
Type of request:			
☐ Color Guard (Presenta	tion/Post of colors) ☐ Funeral ☐	Parade	
Name of deceased:		Is the deceased cremated	d? □ Yes □ No
Funeral service type: □ C	Chapel/indoors □ Graveside □ C	Other:	
Location of requested mil	itary honors:		
Estimated time funeral pr	ocession will arrive at the cemetery:		
Veterans branch of service	ce: □ Army □ Marine Corps □ N □ Coast Guard	lavy □ Air Force □ Spac	ce Force
Applicant is next of kin: □	l 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