



**Honor Guard Request Form**

30-day notice is requested for all services except funerals

**To: Chickasaw Nation Veterans Services**

**Primary contact:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ (required for security purposes) Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

**Secondary contact:**

Full name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of request:**

- Funeral
- Parade
- Chickasaw Nation event
- School presentation (what grades?) \_\_\_\_\_
- Powwow/Tribal Dance
- Community event
- Other: \_\_\_\_\_

What flags are requested?  US  Chickasaw  Eagle staff  State  POW  
 Military service flags  Other: \_\_\_\_\_

Date and time of the event (30-day notice is requested for all services except funerals):

Date: \_\_\_\_\_ Time: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Event address: \_\_\_\_\_

Signature of requester: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Veterans Services Use Only:**

Event is:  Approved  Disapproved Initials: \_\_\_\_\_

Date approval/disapproval granted: \_\_\_\_\_

Date form received: \_\_\_\_\_ Date form returned: \_\_\_\_\_

Comments: