Form no. 04212HGR CS-SS Rev. 5/2023



## 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 cancel/support for event is based on manpower and workload. In circumstances where we simply 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 honor guard activities. There is always a change that non-funeral requests

will be denied or cancelled if the honor guard becomes overtasked with funeral ceremonies.

## **Primary contact:** Name: Middle Suffix Mailing address: \_\_\_\_\_\_ Physical address: \_\_\_\_\_\_\_ Birth date: \_\_\_\_\_ (Required for security purposes) Phone no.: (\_\_\_) Email address: Organization: Department: **Secondary contact**: □ Next of kin □ Same as primary contact above. Name: Last Suffix Phone no.: ( ) Email address: **Event Information:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_ Event address: \_ Type of Request: ☐ Funeral: ☐ Graveside ☐ Chapel/indoor Applicant is next of kin: ☐ Yes ☐ No Honors Requested: ☐ Flag fold/presentation ☐ Rifle volley ☐ Taps Name of deceased: Is the deceased cremated? ☐ Yes ☐ No.

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☐ Chickasaw Nation event ☐ Community event ☐ Parade ☐ School presentation ☐ Powwow/tribal dance ☐ Other:
If Chickasaw Nation or community event, please indicate which event:
Is the event indoors? ☐ Yes ☐ No
□ Color guard (presentation/post of colors)
Additional flags requested: ☐ Eagle staff ☐ POW/MIA
Military service flags requested:  ☐ Army ☐ Marine Corps ☐ Air Force ☐ Navy ☐ Coast Guard ☐ Space Force ☐ Other:
Additional Comments:
Supporting Information:
☐ Event agenda attached.
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 Honor Guard Request form or actions the 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