

**SHAW AFB CHAPEL FACILITY REQUEST
(WEDDING)**

DATE: _____

1. NAME OF GROOM: _____ DENOMINATION: _____

HOME PHONE: _____ WORK PHONE: _____

SQUADRON (If applicable): _____

2. NAME OF BRIDE: _____ DENOMINATION: _____

HOME PHONE: _____ WORK PHONE: _____

SQUADRON (If applicable): _____

3. OFFICIATING CHAPLAIN/MINISTER: _____ PHONE: _____

DENOMINATION: _____

NAME OF CHURCH: _____

CIVILIAN CHURCH ADDRESS: _____

4. SPONSORING CHAPLAIN SIGNATURE: _____

5. CHAPEL FACILITY (Circle one): FRIENDSHIP PALMETTO

6. DATE/TIME OF REHEARSAL: _____

7. DATE/TIME OF WEDDING: _____

8. WEDDING COORDINATOR: _____ PHONE: _____

9. I HAVE RECEIVED A SHAW AIR FORCE BASE CHAPEL **WEDDING GUIDE** AND WILL ADHERE TO ALL REQUIREMENTS.

SIGNATURE: _____

FOR CHAPEL USE ONLY

COORDINATION:
FACILITY SCHEDULER
WING CHAPLAIN

INITIAL DATE

