

**FORT BRAGG CHAPEL WEDDINGS**  
**Application for Chapel Reservations**

Please place an "X" by the chapel building being requested:

All-American Chapel     John F. Kennedy Chapel     Airborne Artillery Chapel

Division Memorial Chapel     Wood Memorial Chapel     Pope Chapel

**REHEARSAL TIME: (Day Prior, 1HR MAX)**

REHEARSAL DATE: (DATE) \_\_\_\_\_ (TIME) \_\_\_\_\_

**WEDDING TIME: (Day of, 2.5HR MAX)**

WEDDING DATE: (DATE) \_\_\_\_\_ (TIME) \_\_\_\_\_

**At least one of the persons being married must be active duty military, or the son/daughter of an active duty service member. Retired military or son/daughter of retired military member must still possess a valid Uniformed Services Identification Card.**

**The basis of my eligibility is:**

I am an active service member

I am the son/daughter of active duty service member. I am a son/daughter of a retired service member and have a valid ID card.

I am a retired service member

**GROOM'S FULL NAME:** \_\_\_\_\_

AGE \_\_\_\_\_ RANK \_\_\_\_\_ ID CARD EXPIRES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_  
(HOME PHONE) \_\_\_\_\_

\_\_\_\_\_ (PERSONAL CELL) \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_  
(WORK PHONE) \_\_\_\_\_

\_\_\_\_\_ (DUTY CELL PHONE) \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

UNIT/EMPLOYER: \_\_\_\_\_

**BRIDE'S FULL NAME:** \_\_\_\_\_

AGE \_\_\_\_\_ RANK \_\_\_\_\_ ID CARD EXPIRES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_  
 \_\_\_\_\_ (HOME PHONE) \_\_\_\_\_  
 \_\_\_\_\_ (PERSONAL CELL) \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_ CONTACT INFO: \_\_\_\_\_  
 \_\_\_\_\_ (WORK PHONE) \_\_\_\_\_  
 \_\_\_\_\_ (DUTY CELL PHONE) \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

UNIT/EMPLOYER: \_\_\_\_\_

**PREMARITAL COUNSELING:**

DATE COMPLETED: \_\_\_\_\_

DATE TO BE COMPLETED: \_\_\_\_\_

N/A \_\_\_\_\_

ARE SABERS REQUIRED? (CIRCLE ONE): YES NO

NAME OF OFFICIATING MINISTER OR CHAPLAIN: \_\_\_\_\_

OFFICIATING CIVILIAN MINISTER'S CHURCH: \_\_\_\_\_

COPY OF LICENSE/ORDINATION CERTIFICATE \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

SPECIAL NEEDS (ECCLESIASTICAL ITEMS, SOUND SYSTEM, ETC.) \_\_\_\_\_

(IF YOU HAVE A CIVILIAN MINISTER PERFORM THE CEREMONY, THEN YOU MUST HAVE A FORT BRAGG ACTIVE DUTY CHAPLAIN ACT AS A SPONSOR FOR THE CEREMONY. THE CHAPLAIN AND CHAPLAIN ASSISTANT MUST BE PRESENT FOR THE ENTIRE WEDDING REHEARSAL, CEREMONY, AND FACILITY CLEAN-UP. APPLICATION WILL NOT BE ACCEPTED WITHOUT CHAPLAIN SPONSOR INFORMATION COMPLETED.)

**COUPLE'S CHAPLAIN SPONSOR:**

NAME: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFO:

(H) \_\_\_\_\_

(C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

UNIT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFO:

(WORK PHONE): \_\_\_\_\_

(DUTY CELL PHONE): \_\_\_\_\_

EMAIL: \_\_\_\_\_

UNIT/EMPLOYER: \_\_\_\_\_

**COUPLE'S CHAPLAIN ASSISTANT SPONSOR:**

NAME: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFO:

(H) \_\_\_\_\_

(C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

UNIT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFO:

(WORK PHONE): \_\_\_\_\_

(DUTY CELL PHONE): \_\_\_\_\_

EMAIL: \_\_\_\_\_

UNIT/EMPLOYER: \_\_\_\_\_

**CUSTODIAN SUPPORT FOR THE CHAPLAIN ASSISTANT:**

(Remember these individuals will be responsible for cleaning up the chapel/annex/fellowship hall i.e. picking up trash, vacuuming, etc. under the supervision of the sponsoring Chaplain Assistant at the end of the rehearsal and wedding ceremony. Below individuals will be called to return to the chapel for clean-up if chapel is not left in its original condition prior to the rehearsal or wedding ceremony.)

\_\_\_\_\_ (Name)                      \_\_\_\_\_ (Relationship)                      \_\_\_\_\_ (Phone Number)

\_\_\_\_\_ (Name)                      \_\_\_\_\_ (Relationship)                      \_\_\_\_\_ (Phone Number)

**GROOM or BRIDE:**

AS THE MILITARY I.D. CARDHOLDER REQUESTING A FORT BRAGG CHAPEL WEDDING, MY SIGNATURE VERIFIES THAT I HAVE RECEIVED, READ, AND UNDERSTAND THE FORT BRAGG CHAPEL (SPECIFIC FOR SELECTED CHAPEL) SOP AND ANNEX V - WEDDING SOP. I UNDERSTAND THE REQUIREMENTS AND RESTRICTIONS FOR THE USE OF THE CHAPEL. I AGREE TO HONOR ALL TERMS AND CONDITIONS THAT ARE SET FORTH WITHIN BOTH SOPS. I AGREE TO BE PRESENT AT ALL TIMES WHILE THE REHEARSAL AND WEDDING CEREMONY ARE TAKING PLACE.

\_\_\_\_\_  
(PRINTED NAME OF MILITARY I.D. CARD HOLDER) (DATE)

\_\_\_\_\_  
(SIGNATURE OF MILITARY I.D. CARD HOLDER) (DATE)

**SPONSORING CHAPLAIN:**

I, THE UNDERSIGNED, WILL SERVE AS THE SPONSORING CHAPLAIN FOR THIS WEDDING REHEARSAL AND CEREMONY. WITH MY SIGNATURE, I VERIFY THAT I HAVE RECEIVED, READ, AND UNDERSTAND THE FORT BRAGG CHAPEL (SPECIFIC FOR SELECTED CHAPEL) SOP AND ANNEX V - WEDDING SOP AND UNDERSTAND MY AND MY CHAPLAIN ASSISTANT'S ROLES AND RESPONSIBILITIES FOR THIS FORT BRAGG CHAPEL WEDDING. I AGREE TO BE PRESENT FOR DURATION OF THE WEDDING REHEARSAL AND CEREMONY.

\_\_\_\_\_  
(PRINTED NAME OF SPONSORING CHAPLAIN) (DATE)

\_\_\_\_\_  
(SIGNATURE OF SPONSORING CHAPLAIN) (DATE)

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**FOR CHAPEL USE ONLY**  
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**CHAPEL NCOIC/GARRSION ADMINISTRATIVE ASSISTANT APPROVAL**

WEDDING CONFIRMED AND PLACED ON THE CHAPEL CALENDAR BY:

\_\_\_\_\_  
PRINTED NAME OF CHAPEL NCOIC/GARRSION ADMINISTRATIVE ASSISTANT      DATE

\_\_\_\_\_  
SIGNATURE OF CHAPEL NCOIC/GARRSION ADMINISTRATIVE ASSISTANT      DATE

CHAPLAIN ASSISTANT WILL INITIAL AND DATE:

SPONSORING CHAPLAIN NOTIFICATION SENT \_\_\_\_\_

SPONSORING CHAPLAIN NOTIFICATION RECEIVED \_\_\_\_\_

SPONSORING CHAPLAIN ASSISTANT NOTIFICATION SENT \_\_\_\_\_

SPONSORING CHAPLAIN ASSISTANT NOTIFICATION RECEIVED \_\_\_\_\_

REMARKS:

**FORT BRAGG RELIGIOUS SUPPORT OFFICE: (910) 396-1121**

## CHAPEL CLEANING CHECKLIST



### FACILITY (Please circle below)

MAIN POST CHAPEL  
POPE CHAPEL  
ALL-AMERICAN CHAPEL  
JOHN F. KENNEDY CHAPEL  
AIRBORNE ARTILLERY CHAPEL  
DIVISION MEMORIAL CHAPEL  
WOOD MEMORIAL CHAPEL

### **SANTUARY**

- Hymns and Bibles are dress right dress
- Polish all the pews
- Turn off sound system
- Take out trash
- Vacuum carpet
- Sweep and clean entrance way
- Turn off the lights
- Lock all doors

**INITIALS** \_\_\_\_\_

### **FELLOWSHIP HALL**

- Clean off counters
- Clean appliances used (coffee machine, microwave, etc.)
- Sweep/Vacuum floor
- Mop floor
- Take out trash
- Turn off the lights

**INITIALS** \_\_\_\_\_

### **KITCHEN**

- Clean stove
- Clean oven
- Clean all dishes
- Clean appliances used (coffee machine, microwave, etc.)
- No leftover food stored
- Sweep/Vacuum floor
- Mop floor
- Take out trash
- Turn off all lights

**INITIALS** \_\_\_\_\_

**RESTROOMS**

- Clean toilets
- Clean sinks
- Sweep floor
- Mop floor
- Take out trash
- Restock toilet paper
- Turn off all lights

**INITIALS** \_\_\_\_\_

**CLASSROOMS (if necessary)**

- Clean off chalk boards
- Clean Tables
- Sweep/Vacuum floor
- Mop floor
- Take out trash
- Turn off lights

**INITIALS** \_\_\_\_\_

**FINAL CHECKS**

- All trash taken out and put in dumpster/ recycle bin
- All lights are off
- All areas cleaned
- All rooms restored to original configuration
- All doors are locked

I have verified and checked that everything has been completed on this cleaning check list for \_\_\_\_\_ Chapel. I take full responsibility for any areas not properly cleaned and will be responsible for cleaning them.

**Print, Sign, and Date:** \_\_\_\_\_  
(Rank) (Last, First) (Unit)

\_\_\_\_\_  
(Contact information: Email, Office and Cell number)

**Print, Sign, and Date:** \_\_\_\_\_  
(Rank) (Last, First)

\_\_\_\_\_  
Sponsoring Chaplain or Chaplain Assistant