



CHAPLAIN REPORT

POST CHAPLAIN _____ DISTRICT CHAPLAIN _____

POST NO. _____ DISTRICT NO. _____

REPORTING PERIOD _____ ENDING _____

NUMBER OF HOSPITAL VISITS _____ NUMBER OF HOME VISITS _____

NUMBER OF NURSING HOME VISITS _____ MILEAGE _____

CHARTER DRAPED FOR NUMBER OF MEMBERS _____

FUNERALS

NUMBER OF FUNERALS ATTENDED _____ AS CHAPLAIN _____

NUMBER OF SERVICES GIVEN BY POST _____

TOTAL HOURS _____ NUMBER OF CARDS SENT _____

COMMENTS _____

COMMANDER _____

DATE _____

CHAPLAIN _____

DATE _____