

VFW CHAPLAIN'S REPORT

BEFORE FILLING OUT THIS FORM – PLEASE NOTE: Report ONLY the events you were involved in as Post or District Chaplain. Your church activities should not be listed on this report.

Month: \_\_\_\_\_ District: \_\_\_\_\_ Post #: \_\_\_\_\_

CITY \_\_\_\_\_ DIST. CHAPLAIN YES/NO

CHAPLAIN'S NAME (PLEASE PRINT) \_\_\_\_\_

# HOSPITAL VISITS THIS MONTH \_\_\_\_\_ MILAGE \_\_\_\_\_ HOURS SPENT \_\_\_\_\_

# HOME VISITS THIS MONTH \_\_\_\_\_ MILAGE \_\_\_\_\_ HOURS SPENT \_\_\_\_\_

# NURSING HOME VISITS \_\_\_\_\_ MILAGE \_\_\_\_\_ HOURS SPENT \_\_\_\_\_

CHARTER DRAPED FOR \_\_\_\_\_ MEMBERS

FUNERALS CONDUCTED/ ATTENDED \_\_\_\_\_ MILAGE \_\_\_\_\_ HOURS SPENT \_\_\_\_\_

MEMORIALS CONDUCTED/ ATTENDED \_\_\_\_\_ MILAGE \_\_\_\_\_ HOURS SPENT \_\_\_\_\_

RITUALS CONDUCTED/ ATTENDED \_\_\_\_\_ MILAGE \_\_\_\_\_ HOURS SPENT \_\_\_\_\_

(CARDS SENT) GET WELL \_\_\_\_\_ SYMPATHY \_\_\_\_\_ THINKING OF YOU \_\_\_\_\_ TOTAL \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHAPLAIN'S SIGNATURE \_\_\_\_\_

**SEND THIS REPORT TO:**  
VFW State Headquarters  
5213 Pacific Hwy E, Fife, WA 98424  
F#253-922-2208  
vfwstateofwa@aol.com

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