



**AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR  
AUXILIARY CHAPLAIN'S REPORT**

*(Send one copy to the Dept. Chaplain by June 15<sup>th</sup> and retain one copy for Auxiliary records)*

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Auxiliary Name Number

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Department Name Date (MM/DD/YYYY)

1. Number (#) of Members present on Memorial Day: \_\_\_\_\_
2. Number (#) of Members attending Memorial Service on Sunday: \_\_\_\_\_
3. Number (#) of Children assisting the Auxiliary on Memorial Day: \_\_\_\_\_
4. Number (#) of Deaths, which have occurred since May 30<sup>th</sup>: \_\_\_\_\_
5. Number (#) of Occasions where the Funeral Service of the Order was used: \_\_\_\_\_
6. Amount expended for Floral or Grave Decorations: \$ \_\_\_\_\_
7. Amount of Cash or Monetary Donations: \$ \_\_\_\_\_
8. Number (#) of times Auxiliary Chaplain conferred with Sons' Camp Chaplain: \_\_\_\_\_

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**Names of Sisters who have passed away since last Memorial Day**

Name	Highest Auxiliary Office Held	Date of Death

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Auxiliary Chaplain Signature