



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

(Send one copy to the Dept. Chaplain by June 15th and retain one copy for Auxiliary records)

Auxiliary Name _____ Number _____

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 30th: _____
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: _____

Names of Sisters who have passed away since last Memorial Day

Name	Highest Auxiliary Office Held	Date of Death

Auxiliary Chaplain Signature