



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

(Send one copy to the Natl. Chaplain by July 1st and retain one copy for Dept. records)

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 Dept. Chaplain conferred with the Sons' Dept. Chaplain: _____

Names of Sisters who have passed away since last Memorial Day

Name	Auxiliary Name & Number	Highest Office Held	Date of Death

Number of Auxiliaries reporting: _____

Number of Auxiliaries not reporting: _____

Department Chaplain Signature