



**AUXILIARY TO SONS OF UNION VETERANS  
OF THE CIVIL WAR**

\_\_\_\_\_ Auxiliary, No. \_\_\_\_\_, Department \_\_\_\_\_

**REPORT OF AUXILIARY CHAPLAIN**

- |  |       |  |       |
|--|-------|--|-------|
| 1. # of Members present on Memorial Day                                  | _____ | 5. Amount expended for Floral and grave decorations, including donations | _____ |
| 2. # of Members attending Sunday Memorial Service                        | _____ | 6. How many times was a committee appointed to confer with the Camp      | _____ |
| 3. # of Deaths which have occurred since April 1                         | _____ | 7. Number of children assisting Auxiliary on Memorial Day                | _____ |
| 4. # of Funeral Occasions where the Burial Service of the Order was used | _____ |  |       |

\*\*\*\*\*

**Names of Deceased Sisters of this Department Who Have Passed Away Since Last Memorial Day**  
(Include Title, Auxiliary Name, Auxiliary # and Date of Death)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

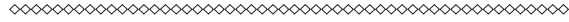
Approved by:

\_\_\_\_\_  
Auxiliary President  
(Rev. 7/07)

\_\_\_\_\_  
Auxiliary Chaplain



**Auxiliary to Sons of Union  
Veterans of the Civil War**



**Auxiliary Chaplain**

\*\*\*\*\*

**Annual Report for 20\_\_\_\_\_**

\_\_\_\_\_ **Auxiliary #** \_\_\_\_\_

\_\_\_\_\_ **Auxiliary Chaplain** \_\_\_\_\_

**Date:** \_\_\_\_\_, 20 \_\_\_\_\_

\*\*\*\*\*

**Received by Department Chaplain**

\_\_\_\_\_, 20 \_\_\_\_\_

