



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

Department of _____

REPORT OF DEPARTMENT CHAPLAIN

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|--|-------|--|-------|
| 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____

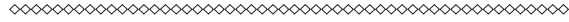
Approved by:

Department President

Department Chaplain



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



Department Chaplain

Annual Report for 20_____

Department of



Department Chaplain

Date: _____, 20_____

Received by National Chaplain

_____, 20_____

