



### CHAPLAIN'S MONTHLY REPORT

Post Number \_\_\_\_\_ District Number \_\_\_\_\_

Post Name, Number, City & State \_\_\_\_\_

Reporting Period \_\_\_\_\_ To \_\_\_\_\_

Number of Cards sent to Bereaved, Birthday, or Encouragement \_\_\_\_\_

Number of Phone Conversations (counseling, encouragement, etc) \_\_\_\_\_

Number of Private Counseling Situations \_\_\_\_\_

Number of Hosp. Visits this Month \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of VA Hosp. Visits this Month \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Home Visits this Month \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Viewings this Month \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Funerals this Month \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Memorial Services \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Special Events this Month \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Other Chaplaincy Services \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Totals: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Chaplain's Name: \_\_\_\_\_

Send a report to your Post Commander, Post Quartermaster, District Chaplain, and State Chaplain