

VFW CHAPLAIN'S REPORT

BEFORE FILLING OUT THIS FORM – PLEASE NOTE:  
Report ONLY the events you were involved in as a VFW Chaplain.

Month: \_\_\_\_\_ District: \_\_\_\_\_ Post #: \_\_\_\_\_  
CITY \_\_\_\_\_ CHAPLAIN'S NAME (PLEASE PRINT) \_\_\_\_\_

# HOSPITAL VISITS THIS MONTH \_\_\_\_\_ HOURS SPENT \_\_\_\_\_ MILAGE \_\_\_\_\_  
# HOME VISITS THIS MONTH \_\_\_\_\_ HOURS SPENT \_\_\_\_\_ MILAGE \_\_\_\_\_  
# NURSING HOME VISITS \_\_\_\_\_ HOURS SPENT \_\_\_\_\_ MILAGE \_\_\_\_\_  
# WELL CHECK PHONE CALLS \_\_\_\_\_ HOURS SPENT \_\_\_\_\_

CHARTER DRAPED FOR \_\_\_\_\_ MEMBERS

(CIRCLE ONE)  
FUNERALS: CONDUCTED/ ATTENDED \_\_\_\_\_ MILAGE \_\_\_\_\_ HOURS SPENT \_\_\_\_\_

(CIRCLE ONE)  
MEMORIALS: CONDUCTED/ ATTENDED \_\_\_\_\_ MILAGE \_\_\_\_\_ HOURS SPENT \_\_\_\_\_

CARDS SENT OUT

GET WELL \_\_\_\_\_ SYMPATHY \_\_\_\_\_ THINKING OF YOU \_\_\_\_\_  
TOTAL CARDS SENT \_\_\_\_\_ COST FOR CARDS \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHAPLAIN'S SIGNATURE \_\_\_\_\_

**SEND THIS REPORT TO:**  
VFW State Headquarters  
5213 Pacific Hwy E, Fife, WA 98424  
F#253-922-2208  
[deptsec@vfwwa.net](mailto:deptsec@vfwwa.net)