



Department of California Post Chaplain's Report

Print Post Chaplain's full name _____

Street Address _____

City & Zip code _____

Post # _____ District # _____ Area # _____

Is Chaplain **Ordained** or **Layman**? (Circle One) Total Years served as a Chaplain _____

Number of years served as Chaplain at each level: Post _____ District _____ Area _____ Dept. _____

Chaplain performed in the following activities from July 1st to May 30th. (Enter #):

Four Chaplains _____ Veteran's Day _____ Post Everlasting Svcs _____ Funerals &

Graveside Services _____ Installations _____ Initiations _____ Memorial Day _____

Flag Day _____ Bereaved _____ Independence Day _____ Other (specify) _____

Chaplain visitations: (Enter #) Hospital(s) _____ Home(s) _____ Other Facilities _____

Please enter totals (# & \$) of all places visited (events, services, facilities, etc.):

Miles _____ Hours _____ Out of pocket expense _____ Post expense _____

List other comments or other activities not mentioned above on a separate sheet of paper.

DEPARTMENT CONVENTION: Will you attend the Department Convention? Yes _____ No _____

Submitted / Signed by _____ **Date:** _____

Phone Number _____

Email: _____

Returned completed report to arrive no later than May 30th

Mail, Email or Fax to Department Chaplain: John Aldridge

Address: 1001 Chatswood CT, Fairfield, CA 94533

Email: misterjohnhenry@comcast.net