

**UNIT CHAPLAIN'S REPORT FORM  
2023 – 2024**

**Reporting Dates:**             **November 1, 2023**         **April 1, 2024**

Name of CHAPLAIN: \_\_\_\_\_ UNIT: \_\_\_\_\_

\_\_\_\_\_ **Unit does not have a Chaplain**

No. of Invocations: \_\_\_\_\_ Benedictions: \_\_\_\_\_

Charters Draped: \_\_\_\_\_ Memorial Services held: \_\_\_\_\_

Courtesies to Gold Star Families: \_\_\_ Dues \_\_\_ Cards \_\_\_ Gifts \_\_\_ Total Cost \_\_\_\_\_

Total amount of Memorial donations: \$. \_\_\_\_\_

No. of Funerals attended: \_\_\_\_\_ No. of Members attended: \_\_\_\_\_

Grave markers placed \_\_\_\_\_ Total cost \_\_\_\_\_

Did your Unit prepare a Prayer Book for the Unit President? \_\_\_\_\_

Were Prayers sent in for the Department President's Prayer Book? \_\_\_\_\_

Were Prayers sent in for the National President's Prayer Book? \_\_\_\_\_

**\*\* No activities, hours, expenses, donations, or dollars spent for this committee are to be included in the Impact report.**

**Send this report to your County Chaplain**

**Keep a copy for your records**