

**CHAPLAIN REPORT**

**SEND TO: Susan Dansereau, Chaplain  
2110 Wyoming Drive  
Green River WY 82935  
dansereau\_r\_f\_@hotmail.com**

DATE: \_\_\_\_\_ UNIT: \_\_\_\_\_

**PLEASE PRINT NAMES AND ADDRESSES CLEARLY**

**IN MEMORIAM (Deceased Auxiliary Members Only)**

NAME: \_\_\_\_\_ Sr. \_\_\_\_\_ Jr. \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

**SEND SYMPATHY CARDS TO: (Please indicate if deceased was a member of the Unit)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Death of: \_\_\_\_\_ Relationship: \_\_\_\_\_ Member of Unit? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Death of: \_\_\_\_\_ Relationship: \_\_\_\_\_ Member of Unit? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Death of: \_\_\_\_\_ Relationship: \_\_\_\_\_ Member of Unit? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Death of: \_\_\_\_\_ Relationship: \_\_\_\_\_ Member of Unit? \_\_\_\_\_

**GET WELL WISHES TO:**

Name: \_\_\_\_\_ Illness: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Illness: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Illness: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Illness: \_\_\_\_\_

Address \_\_\_\_\_

**SUBMIT on a timely manner.**

**Please make copies of this form for future use**