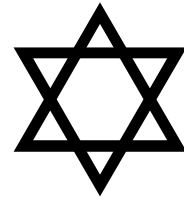




**DEPARTMENT OF MARYLAND  
VETERANS OF FOREIGN WARS  
OF THE UNITED STATES**



*Ronald L. James, State Chaplain  
5620 Galestown Newhart Mill Rd  
Seaford, DE 19973  
Phone: 410-883-2168; Fax: 410-754-7344  
E-mail: vfwchaplain@comcast.net*

**POST /DISTRICT CHAPLAIN'S REPORT**

PLEASE PRINT OR TYPE ALL INFORMATION

DISTRICT NUMBER \_\_\_\_\_ POST NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
CHAPLAIN'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

**DECEASED COMRADES**

NAME OF DECEASED \_\_\_\_\_ DATE DECEASED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Do you request the State Chaplain to send a sympathy card to the family of the deceased?

YES: \_\_\_ NO: \_\_\_

NAME AND ADDRESS OF NEXT OF KIN (FOR CARD ONLY)  
\_\_\_\_\_

Did you participate in the funeral service? YES: \_\_\_ NO: \_\_\_ Number of participants \_\_\_\_\_

NAME OF DECEASED \_\_\_\_\_ DATE DECEASED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Do you request the State Chaplain to send a sympathy card to the family of the deceased?

YES: \_\_\_ NO: \_\_\_

NAME AND ADDRESS OF NEXT OF KIN (FOR CARD ONLY)  
\_\_\_\_\_

Did you participate in the funeral service? YES: \_\_\_ NO: \_\_\_ Number of participants: \_\_\_\_\_

NAME OF DECEASED \_\_\_\_\_ DATE DECEASED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Do you request the State Chaplain to send a sympathy card to the family of the deceased?

YES: \_\_\_ NO: \_\_\_

NAME AND ADDRESS OF NEXT OF KIN (FOR CARD ONLY)  
\_\_\_\_\_

Did you participate in the funeral service? YES: \_\_\_ NO: \_\_\_ Number of participants: \_\_\_\_\_

**SICK LIST**

NAME OF COMRADE \_\_\_\_\_ CARD REQUESTED: YES:\_\_\_NO:\_\_\_  
ADDRESS \_\_\_\_\_ CARD TO: HOME:\_\_\_ HOSPITAL:\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DATE ENTERED HOSPITAL \_\_\_\_\_  
NAME OF HOSPITAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Did Post Chaplain or Officer visit Comrade during Hospitalization? YES:\_\_\_ NO:\_\_\_

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NAME OF COMRADE \_\_\_\_\_ CARD REQUESTED: YES:\_\_\_NO:\_\_\_  
ADDRESS \_\_\_\_\_ CARD TO: HOME:\_\_\_ HOSPITAL:\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DATE ENTERED HOSPITAL \_\_\_\_\_  
NAME OF HOSPITAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Did Post Chaplain or Officer visit Comrade during Hospitalization? YES:\_\_\_ NO:\_\_\_

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NAME OF COMRADE \_\_\_\_\_ CARD REQUESTED: YES:\_\_\_NO:\_\_\_  
ADDRESS \_\_\_\_\_ CARD TO: HOME:\_\_\_ HOSPITAL:\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DATE ENTERED HOSPITAL \_\_\_\_\_  
NAME OF HOSPITAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Did Post Chaplain or Officer visit Comrade during Hospitalization? YES:\_\_\_ NO:\_\_\_

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NAME OF COMRADE \_\_\_\_\_ CARD REQUESTED: YES:\_\_\_NO:\_\_\_  
ADDRESS \_\_\_\_\_ CARD TO: HOME:\_\_\_ HOSPITAL:\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DATE ENTERED HOSPITAL \_\_\_\_\_  
NAME OF HOSPITAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Did Post Chaplain or Officer visit Comrade during Hospitalization? YES:\_\_\_ NO:\_\_\_

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**MONTHLY TOTALS**

\$ VALUE OF FLOWERS \_\_\_\_\_ \$ VALUE OF FRUIT BASKETS \_\_\_\_\_

CARDS SENT \_\_\_\_\_ HOURS \_\_\_\_\_ MILAGE \_\_\_\_\_

**NOTE:**

**DO NOT REQUEST "GET WELL" CARDS BE SENT TO THE HOSPITAL, UNLESS THE COMRADE IS STILL THERE AT THE TIME OF REPORTING ILLNESS TO THE STATE CHAPLAIN. THANK YOU!**