

**VFW AUXILIARY
DEPARTMENT OF WISCONSIN
CHAPLAIN'S YEAR END REPORT
2018-2019**

PLEASE MAIL TO: Inez Semingson, Department Chaplain, 517 E Pine St., Strum, WI 54770 no later than **April 15, 2019.**

Auxiliary Number and Name _____

District No. _____ City _____

IMPORTANT: PLEASE PRINT CLEARLY OR TYPE the names of Deceased Members in Good Standing who passed away between April 1, 2018 and March 31, 2019. (Use Page 2 if necessary.) Please spell the name correctly, include the date/month of passing and if they were a Life Member.

_____	_____
_____	_____
_____	_____

Did you place grave markers & emblematic flags at the graves of your deceased members?

Yes _____ No _____

Do you place a new emblematic flag in the marker each year? Yes _____ No _____

Do you offer to hold Memorial Services (from the Ritual) for a deceased member by contacting the family without waiting for a request from the family? Yes _____ No _____

Does your Auxiliary hold Memorial Services for deceased members in May, in accordance with the ritual? Yes _____ No _____ Are they held in conjunction with the Post? Yes _____ No _____

Does your Auxiliary take part in a Memorial Day observance in your Community? Yes _____ No _____

Auxiliary President _____

Auxiliary Chaplain _____

Phone number _____