

American Legion Auxiliary-Department of Wyoming Unit Reporting Form

**CHAPLAIN REPORT**

If you have nothing to report please send the first page of this form to the State Chaplain with the month and your Unit Information along with No Report to File written on it. I would like to hear from every Unit each month.

Send To: Judith Killion  
 P.O. Box 941  
 Green River WY 82901  
[judithkillion1949@icloud.com](mailto:judithkillion1949@icloud.com)

Chaplain Name \_\_\_\_\_ Chaplain Contact Info: \_\_\_\_\_

Unit Information: \_\_\_\_\_ Year: \_\_\_\_\_

This report is for the following month:

April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
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- Please PRINT Names and Addresses Clearly—Please use INK
- If you have information or an obituary connected to the deceased, it would be helpful to include that when you send me the report. Any information can be helpful in writing cards and planning memorials.

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

Name of Deceased		Years a member:	Senior Member	Jr Member
Positions Served				
Other Info				
Name of Deceased		Years a member:	Senior Member	Jr Member
Positions Served				
Other Info				

**Send Sympathy Cards To:**

Name		Death of		Relationship	
Address		Was deceased individual a member of Aux/Legion		Y	N
Name		Death of		Relationship	
Address		Was deceased individual a member of Aux/Legion		Y	N
Name		Death of		Relationship	
Address		Was deceased individual a member of Aux/Legion		Y	N
Name		Death of		Relationship	
Address		Was deceased individual a member of Aux/Legion		Y	N

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**Send Get Well Wishes To:**

Name:	Illness:
Address:	
Anything I should know:	
Name:	Illness:
Address:	
Anything I should know:	
Name:	Illness:
Address:	
Anything I should know:	
Name:	Illness:
Address:	
Anything I should know:	
Name:	Illness:
Address:	
Anything I should know:	

**Think of you, Congratulations, and/or Special Recognition Go To:**

Name:	
Address:	
Please recognize this person because	
Is this person part of the Legion Family?	Y N
Name:	
Address:	
Please recognize this person because	
Is this person part of the Legion Family?	Y N
Name:	
Address:	
Please recognize this person because	
Is this person part of the Legion Family?	Y N

Respectfully Submitted by Chaplain \_\_\_\_\_ From Unit \_\_\_\_\_

ALA Department of Wyoming

**Make copies**