



MILITARY ORDER OF THE PURPLE HEART AUXILIARY

ANNUAL UNIT and DEPARTMENT CHAPLAIN REPORT

REPORTING YEAR 20 ____ - 20 ____

DUE BY May 1 (Unit)
DUE BY May 15 (Dept)
See Instructions Below

UNIT REPORT

Unit: _____ Department: _____ Region: _____

Chaplain Activities:

Number of home visits to Unit Members or Chapter Patriots: _____

Number of cards sent to Unit Members and Chapter Patriots: _____

Number of hospital/nursing home visits to Unit Members and Chapter Patriots: _____

Number of phone calls made to Unit Members and Chapter Patriots: _____

Are members recognized in any special way? _____

If so, how? _____

Comments or remarks: _____

DATE: _____ UNIT CHAPLAIN: _____ UNIT SECRETARY: _____

INSTRUCTIONS

1. For Units reporting deaths as they occur, use the **MEMBER DATA CHANGE FORM**.
2. Send to the current Department Chaplain with a copy to the Department Secretary, by May 1. If sending by mail, click the PRINT button below. If sending by email, click the SAVE button below.

DEPARTMENT REPORT

Department: _____ Region: _____

Almighty God in His Infinite Wisdom called to their Eternal Reward the following Members of the above-named Department during the past year.

Reported deaths (if more space is needed, please provide an additional page):

Member #	Full Name (include middle name)	Date and Place of Death	Unit

For the above deceased members, how many times did the unit (see Member Data Change Form):

Send cards? _____ Make a home visits? _____ Attend funeral/memorial services? _____

Reported number of activities by your Units to Unit Members or Chapter Patriots:

Home visits: _____ Cards Sent: _____ Hospital/nursing home visits: _____ Phone calls made: _____

Are members recognized in any special way? _____ If so, how? _____

Comments or remarks: _____

DATE: _____ DEPT. PRESIDENT: _____ DEPT. CHAPLAIN: _____

INSTRUCTIONS

- Please use black ink.
- This Annual Report is a compilation of **all** deaths reported for the fiscal year for memorial recognition at the National Convention.
- Send to the current National Chaplain, Secretary, and Membership Officer, and your Department Secretary, by May 15. If sending by mail, click the PRINT button below. If sending by email, click the SAVE button below.
- If a member's death is known after submitting this form it should be reported immediately using the **MEMBER DATA CHANGE FORM** for inclusion at the National Convention.