"FOR INFORMATION ONLY - NOT FOR JUDGING"

LADIES AUXILIARY of the FLEET RESERVE ASSOCIATION

UNIT CHAPLAIN'S REPORT

Unit Number: _____Unit Name:_____Region:_____

Date Submitted: _____Year:_____Group:_____

1. Have the Regional and National Chaplains been notified of deceased members, with names and addresses of next of kin provided? _____
2. Have the MSA been notified of deceased members? _____
3. Did your Unit have Memorial Services for deceased members? _____
4. Did your Unit make donations in memory of deceased? _____
5. Number of members attending FRA/LA FRA Memorial Services or FRA/LA FRA funerals/services _____
6. Number of funerals attended _____
7. Number of members providing food for family of deceased _____
8. Number of get-well & cheer cards sent to members - by members _____
9. Number of sympathy cards sent to members - by members _____
10. Number of phone calls to members _____
11. Number of deceased members: **July 1, 20__ to June 30, 20__** _____
12. List noteworthy activities in Chaplain's work in the Unit: _____

_____

_____

_____

_____

_____

_____	_____	_____
UNIT PRESIDENT	UNIT SECRETARY	UNIT CHAPLAIN

MAIL ORIGINAL COPY TO THE REGIONAL CHAPLAIN 15 DAYS PRIOR TO CONVENING OF REGIONAL CONVENTION.
KEEP ONE COPY FOR THE UNIT FILES

Rev.2018