2026 - 2027 CHAPLAIN'S REPORT FORM

Please provide a copy of the filled-out form to your Auxiliary Secretary. The Auxiliary Secretary maintains a copy in accordance with Section 812A. The filled-out form is to be mailed or E-mailed to all three individuals listed below. Information received may appear in the Sunflower in the following month instead of the month mailed.

1. **Depart. Chaplain** Jerri McBride, 201 E Burns St., Herington, KS 67449 Email: ms_jer@hotmail.com

2. **Depart. Treasurer** Jeanette Cox, PO Box 414, McPherson, KS 67460 Email: jeanette.vfwauxiliary@gmail.com

3. **District Chaplain:** https://vfwauxks.org under member login, under rosters or mailed to address filled in below:

Name:_____

Address: _____

City: _____ St _____ Zip: _____

Email: _____

Your Auxiliary Number; _____ District; ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐MAL

Your contact information: Name: _____

Phone #: _____ and/or Email: _____

Deceased Member Information: (please print or type)

Date of Passing: _____ Membership #: _____
(month/day/year)

Name: _____
(first middle last)

Do you want a condolence card sent out from Department?

☐ NO, Do not send a condolence card from Department. (If no, stop here and do not fill out the rest of the form. You still need to mail or e-mail this form to the individuals listed at the top of this form.)

☐ YES, Send a condolence card from Department: (select how to address the condolence card)

☐ Address the condolence card: "Family Members of (the deceased name will be inserted)"

☐ Address the condolence card to an individual or individuals (ex: Mr. John and Mrs. Judy Doe):

Name: _____
(first middle last)

The card will be mailed to the address below: Incomplete addresses will not be mailed.

Address 1: _____

Address 2: _____

City:_____ State: _____ Zip: _____