



# CHAPLAIN'S MONTHLY REPORT

Post Chaplain: \_\_\_\_\_ District Chaplain: \_\_\_\_\_

Post Name, Number and City/Town: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

Number of Cards sent to Bereaved, Birthday, or Encouragement: \_\_\_\_\_

Number of Phone Conversations (counseling, encouragement, etc.): \_\_\_\_\_

Number of Private Counseling Situations: \_\_\_\_\_

Number of Hospital Visits This Month: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of VA Hosp. Visits This Month: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Home Visits This Month: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Nursing Home Visits This Month: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Vet. Home Visits This Month: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Viewings This Month: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Funerals This Month: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Memorial Services: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Special Events This Month: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Number of Other Chaplaincy Services: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Totals: \_\_\_\_\_ Mileage: \_\_\_\_\_ Hours Spent: \_\_\_\_\_

Chaplain's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Chaplain's Phone #: \_\_\_\_\_ Chaplain's Email: \_\_\_\_\_

Send a copy of this report to your Post Commander, your Post Adjutant, and to your Department Chaplain

Rev. Peter R. Hook  
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