

COUNTY _____ DATE: _____



DEPARTMENT OF NEW JERSEY: MEMORIAL REPORT

MEMBERS ATTENDED:

Funeral For: Auxiliary Member: _____ Veteran: _____ Total Hours: _____

Viewing For: Auxiliary Member: _____ Veteran: _____ Total Hours: _____

Memorial Service For:

Auxiliary Member: _____ Veteran: _____ Total Hours: _____

MEMBERS PLACED WREATHS FOR:

Auxiliary Member: _____ Veteran: _____ Total Hours: _____ Cost: _____

MEMBERS VISITED GRAVESITE OF:

Auxiliary Member: _____ Veteran: _____ Total Hours: _____ Cost: _____

CARDS SENT: SYMPATHY

Auxiliary Member: _____ Veteran: _____ Total Cost: _____

CARDS SENT: MASS

Auxiliary Member: _____ Veteran: _____ Total Cost: _____

MEMBERS ATTENDED CEREMONY:

Memorial Service: Unit: _____ County: _____ Dept: _____ Total Hours: _____

For God and Country: Unit: _____ County: _____ Dept: _____ Total Hours: _____

9/11 Service: Unit: _____ County: _____ Dept.: _____ Other: _____ Total Hours: _____

POW/MIA: Unit: _____ County: _____ Dept: _____ Other: _____ Total Hours: _____

Memorial Day: Unit: _____ County: _____ Dept: _____ Other: _____ Total Hours: _____

OTHER: _____

This report form should be used to report to Department Chaplain: Colleen Breen-Lopez, 46 Grove St. Singac, N.J. 07424-1123. Email: Flclover64@msn.com