



AMERICAN LEGION AUXILIARY DEPARTMENT OF NEW JERSEY CHAPLAIN BULLETIN MARCH 10, 2018

First, I would like to thank you for all your thoughts and prayers in the passing of my mother Eva Breen. Reading your cards, seeing, and talking to so many of you is helping me get through this rough time.

Presently, I am putting together the list of deceased members for this year's convention book. Sometimes you might have a member that has never been recognized, please send them in as well. Deadline is next Thursday, March 15th. If you have members that pass after this date, we can still include them in the Memorial Ceremony, but their names will be added to next year's convention book. Check your packet to confirm the names or add names.

Just a few things: Make sure you are handing in your reports and on the proper forms. I am getting forms from years ago and they don't have the same information I have added. Please do not put X's, put a number of how many you served. We need the numbers to get credit. I have attached the proper forms to this bulletin. If you happen to run out of these forms, please go to the state website for additional forms.

IN GOD AND COUNTY,

Colleen Breen-Lopez

If you have any questions, feel free to contact me @ 973-747-2284 or
flclover64@msn.com



**AMERICAN LEGION AUXILIARY DEPARTMENT OF NEW JERSEY
COUNTY CHAPLAIN – YEAR END REPORT 2017/2018**

Name _____ County _____ Phone # _____

Please use numbers, not just yes or no.

How many Units Reported? _____
How many Units opened & closed meetings with a Prayer? _____
How many Units used Home Front Reflection Page? _____
How many Chaplains were called upon to deliver a prayer other than at Unit meetings? _____

How many Sympathy Cards were sent? _____
How many Get Well Cards? _____
How many Thinking of You Cards? _____
How many Congratulation Cards? _____
How many Birthday Cards? _____
How many Units visited the sick? _____ Number of Visits: _____

How many Units conducted a Memorial/Funeral Service? _____
How many Units draped their Charters for members? _____ How many times? _____

How many Units Participated in, or conducted services for the Four Chaplains? _____

How many Units used Grace Cards? _____ How Many? _____

How many Units participated in, or conducted a service on: Memorial Day _____ Veterans Day _____
Wreaths Across America _____ POW/MIA _____ Pearl Harbor Day _____ Flag Day _____
Others, please list: _____

How many Units prepared a Prayer Book for the Unit President? _____ For Competition? _____

How many Units submitted Prayers to Department Chaplain? _____ How Many? _____

Did you prepare a Prayer Book for the District President? _____ For Competition? _____

Send one (1) copy of the Year – End report to the Department Chaplain by April 1, 2018.

Please remember, if your reports reach the Department Chaplain after that date, your information will not be reported. The report must be in the hands of the Department Chaplain by April 1, 2018. If you have any questions, please email me at Flclover64@msn.com and I will respond as quickly as I can, or call me at 973-747-2284 and leave a message.

Patriotically,

Colleen Breen-Lopez

UNIT: # _____

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

UNIT: # _____

COUNTY _____

DATE: _____



Deceased Member Report Form

In completing this form, please **clearly print** the name of the deceased member. If the member was an officer, past or present at any level, or a charter member, please list that by "Title". Please also have your membership chairman complete a report on the Member Data Form and send it to the Dept. Treasurer/Membership Chairman.

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Form Submitted by: _____

Phone Number: _____

Names of Deceased members must be received by March 15, 2018 to be part of the Dept. Memorial Service at the Dept. Convention in Wildwood.

Submit to: Dept. Chaplain, Colleen Breen-Lopez, 46 Grove St. Singac, N.J. 07424-1123

F1clover64@msn.com **973-747-2284**