

The American Legion Auxiliary Department of Michigan

2025 – 2026 Annual Chaplain Reporting Form for DISTRICTS

District # _____

Submitter Name _____

Address _____

City/State/Zip _____

Phone # (____) _____ email _____

Please give totals for the Units in your District reporting for this program. When asked for narratives, you may use narratives provided by the Units or write a synopsis of what the Units in your District did for the programs. Narratives need not be more than 2-3 sentences – just enough to give the details. Also, indicate for any of the programs if you will be submitting for either the Department or National awards. Remember, a District may only submit one entry for Department awards (other than Poppy). A completed green slip must accompany the entry and be signed by the Chairman and District President.

Chaplain:

Number of Units in District _____

Number of Unit reports received _____

1. How many Memorial Services were held? _____ Any other services held, like Four Chaplains? _____ How many members attended? _____
2. Were there any Memorial Donations from your District? _____ If so, how much was the total donated? \$ _____
3. How many Units draped their Charters for a deceased member? _____
4. How many Chaplains prepared & submitted a Book or Prayers? _____