

# AMERICAN GOLD STAR MOTHERS CHAPLAIN FORM

**CHAPTER** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_

Deceased Mother \_\_\_\_\_ Date of Death \_\_\_\_\_

Deceased Dad \_\_\_\_\_ Date of Death \_\_\_\_\_

Chapter Chaplain Name \_\_\_\_\_ Date \_\_\_\_\_

Dept. Chaplain Name \_\_\_\_\_ Date \_\_\_\_\_

Multi purpose form: **Chapter** will fill in the required information, sign, date it, and forward to Department chaplain. **Department** chaplain, after recording information, will **forward to NATIONAL CHAPLAIN**. National chaplain's address is in each newsletter under the listed memorials. If a memorial donation is sent to Headquarters, it is recorded in Memorial Book and listed in the next newsletter. An acknowledgement can be sent if requested.