



CHAPLAIN PASTORAL ACTS FORM

PLEASE ONLY RECORD ONE ACT PER FORM
Keep in mind OPSEC and HIPAA when submitting this form

OFFICIATING CHAPLAIN		DATE OF REPORTING
Department of Defense	Branch:	Component:
Coast Guard Auxiliary Chaplain Support	Secret Service	Civil Air Patrol
Federal Bureau of Prisons	Veterans Affairs	Non-Federal Chaplaincy <i>Insert the type of chaplaincy you serve (i.e. hospital, hospice, state prison, etc.)</i>
Federal Bureau of Investigations	Immigration and Customs Enforcement	

1. BAPTISM		
NAME <i>(First, middle, last)</i>	DATE OF BAPTISM	LOCATION OF BAPTISM
DATE OF BIRTH	PLACE OF BIRTH	
PARENT'S NAME	PARENT'S NAME	
SPONSOR'S NAME	SPONSOR'S NAME	
IF PARENTS OR CANDIDATE ARE/IS MEMBER(S) OF A LUTHERAN CONGREGATION TO WHICH THE BAPTISM WAS REPORTED, PLEASE PROVIDE THE CONGREGATION NAME AND ADDRESS AND CONTACT INFORMATION		

2. CONFIRMATION		
NAME <i>(First, middle, last)</i>	DATE OF CONFIRMATION	LOCATION OF CONFIRMATION
DATE OF BAPTISM	LOCATION OF BAPTISM	

3. MARRIAGE		
NAME <i>(First, middle, last)</i>	NAME <i>(First, middle, last)</i>	
WITNESS <i>(First, middle, last)</i>	WITNESS <i>(First, middle, last)</i>	
DATE OF MARRIAGE	LOCATION OF MARRIAGE	
LICENSE NUMBER AND STATE <i>(if applicable)</i>		

4. FUNERAL/MEMORIAL SERVICE	
NAME OF DECEASED <i>(First, middle, last)</i>	DATE OF BIRTH
DATE OF DEATH	LOCATION OF DEATH
DATE OF FUNERAL/MEMORIAL SERVICE	LOCATION OF FUNERAL/MEMORIAL SERVICE
DATE OF INTERMENT/INURMENT/FINAL COMMITTAL	LOCATION OF INTERMENT/INURMENT/FINAL COMMITTAL