

“HAPPY REPORT” TO INDIANA STATE COUNCIL CHAPLAIN

(This form can be completed online, saved to your desktop, and e-mailed to the Chaplain.
Visit www.indianaesa.org)

DATE: _____

CHAPTER NAME AND NUMBER: _____ **CITY:** _____

MEMBER’S NAME: _____

STREET ADDRESS: _____

CITY, STATE: _____ **ZIP:** _____

MARRIAGE: **Date:** _____ **SPOUSE’S NAME:** _____

NEW BABY: **Date:** _____ **Boy** **Girl** **Name:** _____

BIRTHDAY:
(80 OR OLDER) **Date** _____ **Age: (if they don’t mind)** _____

SPECIAL RECOGNITION: **WHAT?** _____

WHY? _____

BY WHOM: _____

JOB WELL DONE: **WHAT?** _____

OTHER: _____

SUBMITTED BY: _____ **PHONE NUMBER:** _____

PLEASE RETURN THIS FORM TO:

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260-356-2591