

CHAPLAINCY

“To Honor the Dead By Serving the Living”

This is the motto of the Veterans of Foreign Wars. Based on the logic that a veteran's organization has the right to existence only if its primary purpose, next to promoting the welfare of the nation, is that of service, or "taking care of its own". Listed below are a few guidelines for Post services to the living, sick and bereaved; and to so honor the blessed memory of deceased comrades.

The Post Commander, with his Chaplain and Service officer, constitutes a knowledgeable committee of leadership in fraternal service. Some guidelines to follow are (A) each Post member is ever on the alert for opportunities for fraternal service and should report these to his Commander or Chaplain; (B) fraternal services are rendered not only to the VFW but also to unaffiliated veterans when in serious need; (C) Commanders and Chaplains should maintain contact with the Auxiliary for purposes of cooperation and coordination.

In case of sickness, the Chaplain should (A) send a get well card in the name of the Commander; (B) call on the family and explore its situation; (C) if need, notify the Service Officer; (D) call on the patient, inquire about his needs; and (E) report his action and findings to the Commander.

Post Chaplains upon notice of a death of one of your members, please send directly to me; Department Chaplain, a Memorial Record Card with all the information necessary about the deceased. Please be sure that the name and address of the next-of-kin are listed correctly. I will send the relative a remembrance card in memory of the deceased comrade, signed by the Department Commander and myself.

All of the Memorial Records are due to the Department Chaplain by May 1st in order to allow time to print the Memorial Booklet.

Nebraska VFW Chaplain Jerry Ludwig, 10533 N 152nd Ave Cir; Bennington, NE 68007

Veterans of Foreign Wars of the United States Memorial Record

PLEASE PRINT _____ Date: _____

Post No. _____ District No. _____

Name: _____ Member No. _____

Last _____ First _____ initial _____

Date & Place of Birth: _____

Date & Place of Death: _____

Name & Address, (Next of Kin) _____



NO ONE DOES MORE FOR VETERANS.