

Evangelical Lutheran Church In America

ELCA Bureau for Federal Chaplaincy Ministries
1025 Connecticut Ave, Ste. 904
Washington, DC 20036

Chaplain's Pastoral Acts Report

Officiating Chaplain:				Date of Reporting:			
Service:	Army	Air Force	Navy	Installation:			
Type of Act:	Infant Baptism	Adult Baptism	Confirmation	Marriage	Funeral/Memorial		

1. Baptism		Infant:	Adult:
Name:	_____	Date of Baptism:	_____
Birth Date:	_____	Place of Birth:	_____
Father's Name:	_____	Mother's Name:	_____
Sponsor's Name:	_____	Sponsor's Name:	_____
If parents are members of a Lutheran congregation to which the baptism was reported, please provide the congregation name and address:			

2. Confirmation		
Name:	_____	Date of Confirmation _____
Date of Baptism:	_____	Place of Baptism: _____

3. Marriage	
Bride's Name:	_____
Groom's Name :	_____
Witness:	_____
Date of Marriage:	_____
Place:	_____

4. Funeral/Memorial Service	
Name:	_____
Date of Death:	_____
Place of Service:	_____
Place of Interment:	_____

FOR BUREAU FOR FEDERAL CHAPLAINCY MINISTRIES USE ONLY
Date Received:
Comments: