

**MONTHLY REPORT OF CHAPLAINS**  
(To be submitted through military channels)

Name YOST, Israel A. S. For the month of October, 1945  
(Last name, first name, initial)  
0-511005 Grade Captain Denomination Lutheran - ULCA

Unit Assigned, Terminal Station or APO ICMR, Renna c/o P. M. -

1. Chaplain's personal activities at station:  
 a. Religious.

SUGGESTED HEADINGS:	Number of services	Sundays (Insert headings)	Attendance	Number of services	Weekdays (Insert headings)	Attendance
Preaching service.		None			None	
Prayer meeting.						
Sunday school.						
Bible class.						
Masses.						
Sacraments.						
Catechism.						
Special devotions.						
Hospital.						
Guardhouse.						
TOTALS						

b. Joint or participating services.

Number of services	With whom	Attendance	Number of services	Type	Attendance
	None			None	
TOTALS					

c. Services visited.—Military and Civilian.

Number of services	Type	Attendance
TOTALS		

d. Pastoral, educational, recreational, miscellaneous.

SUGGESTED HEADINGS:	Number of times	Insert headings in this column	Number of persons
Addresses:		None	
Moral.			
Educational.			
Group discussions.			
Disciplinary cases.			
Welfare cases.			
Celebrations:			
Patriotic.			
Anniversary.			
Special.			
Dramatics.			
Athletics.			
Sightseeing tours.			
Hospital visits.			
Guardhouse visits.			
Scout activities.			
TOTALS			

**INSTRUCTIONS**

- Under the provisions of paragraph 4h, AR 60-5, each chaplain, whatever his status, will submit on this form a monthly report of his activities and of services provided for his unit.
- The data required by these reports are essential for purposes of administration and record. Reports will be returned for revision in case of serious error or lack of necessary statistics. Each entry under paragraphs 1a, 1b, 1d, 2, and 3 must show both the "Number of Services" or the "Number of Times" and "Attendance."
- The report will be typewritten, in duplicate, the original forwarded through military channels to the Chief of Chaplains, and the copy filed at unit headquarters.
- Under the provisions of paragraph 2a (4), AR 60-5, chaplains are privileged to write direct to the Chief of Chaplains upon matters which relate solely to their professional activities.
- If no religious services were held on a particular Sunday, the reason will be stated. The probable cause for notably small attendance will also be given. Copies of programs, photographs, and other matter illustrating the chaplain's activities may be forwarded with the report. Photographs should be not less than 4" by 5", glossy black, and with authority to reproduce for publicity purposes written in ink or stamped on the reverse side of the print and authenticated by the signature of the owner of the negative, if other than an official photograph. Do not write on the face of the print.
- In emergency additional report blanks may be requisitioned by the reporting chaplain as indicated in paragraph 73f, TM 16-205 (21 April 1941).

W. D., Ch. Form No. 3  
(1 Mar 44)

(1)

2. Activities in civilian communities:

SUGGESTED HEADINGS: Religious services, Welfare work, Celebrations, Conventions, Conferences, Official calls.	Number of times	Insert headings	Approximate attendance
	7	Religious Services - Sermon Preached	1250
	3	Sunday Schools - Address Delivered	510
	4	Church Societies - Address Delivered	396
	1	Boys' Club - Talk Given	50

3. Services by visiting clergymen:

Give names and addresses of clergymen and indicate whether Catholic (C), Protestant (P), or Jewish (J).	Number of services	Name and address of clergyman	C-P-J	Attendance
	None			

4. Religious percentage of personnel:

Protestant ..... percent. Catholic ..... percent. Jewish ..... percent. No denomination ..... percent.  
*Not applicable*

Information may be obtained from official sources and in accordance with paragraph 76a(3), TMM 16-205.

5. Changes in status, duties, and address which have occurred during the current month and authority therefor:

None (Address is my home address: 5 Chestnut Avenue Nazareth, Penna.)

6. Report:

a. Any assignment to secular duties, nature and extent, and orders pertaining to such assignment.  
 (Par. 4g, AR 60-5.)

None

b. Facilities which are provided for your work. (Par. 9, AR 60-5.)

None Necessary

c. Assistants provided and their duties. (Par. 9, AR 60-5.)

None necessary

7. Complete each subparagraph, giving information in order listed. If none, so state. Give full name, serial number, grade, organization, and address of every individual mentioned; if a civilian, so state, and include address.

(When a chaplain has knowledge of any rites, herein mentioned, performed by others than chaplains, for any member of his unit, it is desired that the appropriate information be secured and entered upon this report including the name of the officiating clergyman.)

- a. Marriages (date and place; name of bride; name of bridegroom; and names of two witnesses, even where witnesses are not required by State law).
- b. Baptisms (names of persons baptized; date and place of baptism; date and place of birth; names of parents; and names of godparents, sponsors, or witnesses, if any).
- c. Funerals (name of deceased; date and place of funeral; and disposition of remains—also see par. 1b, AR 30-1815).

(If necessary attach additional sheets on this line, numbered serially, and using one side of the paper only)

- a. None
- b. None
- c. None

8. Remarks, recommendations, and other additional information.

None

Signature .....  
Chaplain.

Unassigned  
(Unit)

Date report submitted 31 October 1945  
(3)

(Place indorsements below and not on separate sheet. Informative comments by commanding officers will be valuable to Chief of Chaplains in supervising and promoting religious work in the Army)

INDORSEMENTS

(4)