

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, and/or witnesses. A total of two necessary).
- 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.

Signature

John A. Zwack
JOHN A. ZWACK

Chaplain.

3730 Basic Trng. Grp.

(Unit)

Date report submitted

1 Sept 1948