



DEPARTMENT OF ARIZONA – VFW AUXILIARY - YOUTH ACTIVITIES – GRAVE BEAUTIFICATION LOG

Auxiliary #: _____ Contact Name & Phone #: _____

Date Completed	Name of Cemetery	Location (City/Town)	Veteran's Name	Was Flag Placed on the Grave	Before and After Photo Taken
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please fill out all information and mark Yes or No for the questions. Use additional sheets as needed.
As project for Grave Beautification is completed – please filled out and return to Department Chairman by 3/31/2023

Becky Baldwin, Department of AZ Youth Activities Chairman
beckybaldwin10@gmail.com