

**CERTIFICATION OF SERVICE RECORD OF AMERICAN LEGION OFFICIALS
AT A MINIMUM THE FOLLOWING OFFICERS MUST BE CERTIFIED**

Amount of Post Dues \$ _____ per member _____ SD _____.
(Town) (date)

I have examined the Discharge records of each of the following officials who have been elected or appointed to serve _____ Post# _____, for the ensuing year, and certify the service dates listed below as being correct and said members are eligible for membership in The American Legion.

COMMANDER _____
NAME ADDRESS

Date of enlistment Date of discharge Legion Card # Phone Email

VICE COMMANDER _____
NAME ADDRESS

Date of enlistment Date of discharge Legion Card # Phone Email

ADJUTANT _____
NAME ADDRESS

Date of enlistment Date of discharge Legion Card # Phone Email

AMERICANISM _____
NAME ADDRESS

Date of enlistment Date of discharge Legion Card # Phone Email

TIME AND DATE OF YOUR LEGION MEETING _____

I certify I have personally reviewed the DD-214 or Discharge documents for the above listed officers and that each of the above had ACTIVE honorable service within the dates required for Legion membership: (December 7, 1941-December 31, 1946); (June 25, 1950-January 31, 1955); (February 28, 1961-May 7, 1975); (August 24, 1982-July 31, 1984); (December 20, 1989-January 31, 1990) or (August 2, 1990 – cessation of hostilities determined by the US Government – all dates inclusive).

POST ADJUTANT – SIGNATURE

Please see reverse side of this form for additional requested information to be provided to State Headquarters.

