

**The American Legion**  
**Department of New York**

**Year:** \_\_\_\_\_

**District #** \_\_\_\_\_

Address: 1304 Park Blvd Troy, NY 12180	
Phone: 518-463-2215	Fax: 518-427-8443
Website: www.nylegion.net	Email: <a href="mailto:charlie@nylegion.org">charlie@nylegion.org</a>

**Certification of Service Records**

As required by the action of the 13<sup>th</sup> National Convention of The American Legion, the service records of elected officers at Post, County, and District levels must be reviewed and certified to ensure their eligibility for Legion membership and service in an official capacity

**Please TYPE or PRINT Legibly – Form must be sent to Dept. Adjutant NO LATER THAN JULY 27**

<u>Member ID#</u>	<u>Office</u>	<u>Address</u>	<u>Phone (w/ area code)</u>	<u>Email</u>
	<b>Commander</b>			
	<b>1<sup>st</sup> Vice Commander</b>			
	<b>2<sup>nd</sup> Vice Commander</b>			
	<b>3<sup>rd</sup> Vice Commander</b>			
	<b>Adjutant</b>			
	<b>Treasurer</b>			
	<b>Chaplain</b>			
	<b>Historian</b>			
	<b>Judge Advocate</b>			
	<b>Sergeant-At-Arms</b>			
	<b>Membership</b>			
	<b>Service Officer</b>			

I hereby certify that all of the above officials are eligible for membership in The American Legion and have the consequent right to serve in an official capacity.

**Signed** \_\_\_\_\_

**Title** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Date** \_\_\_\_\_