



CERTIFICATION OF DISTRICT OFFICERS FOR YEAR: _____

District Number: _____

Division Number: _____

Retain a COPY for District files.

Send COPY to: DEPARTMENT HEADQUARTERS, PO BOX 2910, BLOOMINGTON, IL 61702

Type or Print Legibly

OFFICER	NAME	ID#	PHONE #	EMAIL
<i>Commander</i>				
<i>Sr. Vice Commander</i>				
<i>Jr. Vice Commander</i>				
<i>Adjutant</i>				
<i>Finance Officer</i>				
<i>Service Officer</i>				
<i>Chaplain</i>				
<i>Historian</i>				
<i>Sergeant-at-Arms</i>				

I hereby certify that each of the above officers are members in good standing of a Post in this District and have been duly elected or appointed to the Office indicated in accordance with the provisions of the Constitution and By-Laws of The American Legion.

(Signed) _____
District Adjutant

(Signed) _____
District Commander