



# CERTIFICATION OF DISTRICT OFFICERS

FOR YEAR: \_\_\_\_\_

DISTRICT NO. \_\_\_\_\_

The WHITE copy is to be submitted to Detachment Headquarters; YELLOW copy is to be retained for District files.

Send WHITE COPY to: DETACHMENT HEADQUARTERS, SONS OF THE AMERICAN LEGION PO BOX 2910 BLOOMINGTON, IL 61702

**Type or Print Legibly**

OFFICER	NAME	SQUAD#	ID#	PHONE #	EMAIL
* Commander					
* Sr. Vice Commander					
* Jr. Vice Commander					
Adjutant					
Finance Officer					
Judge Advocate					
Chaplain					
Historian					
Service Officer					
Sergeant-at-Arms					
Sergeant-at-Arms					

\* Eligible for a Detachment (White Crown) Cap

Date of Meetings: \_\_\_\_\_

Time: \_\_\_\_\_

( ) District meets at the same place and date as meetings of The American Legion District

( ) Meets : \_\_\_\_\_

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

(Signed) \_\_\_\_\_

District Adjutant

(Signed) \_\_\_\_\_

District Commander

District Advisor: \_\_\_\_\_ American Legion card number: \_\_\_\_\_ Phone # \_\_\_\_\_