

The American Legion Department of Oregon

Certification of Eligibility & Installation of District Officers

I have enclosed a copy of the service record (DD 214) of each of the following officers who have been duly elected or appointed to serve as District ____ Officers for the years 20____ to 20____

NOTE: **DO NOT REPORT** As previously Reported". **Information must be complete This information is required by National**

Position	Name	Address	Phone #	Email	Member ID	Dates of Service	Branch	DD 214
CMDR								
1 st Vice CMDR								
2 nd Vice CMDR								
Adjutant								
Finance Officer								
Chaplain								
Historian								
Service Officer								
Sgt-At Arms								
Judge Advocate								

Date: _____ Certified By: Dept. of Oregon Date: _____ Installed By: NEC at Convention

Please send in to Department Headquarters as soon as the election is complete.

Send 1 copy to Department Headquarters and keep 1 copy for your records