Certification of Service Record of The American Legion Post Officers to the Department Adjutant

		(<mark>2024-2025</mark>)		(Date)		
	ne 13 th Annual National Convention					
following officials who	have been duly elected or appointed	ed to serve Dist # Po	ost No, Depar	tment of LOUISIANA for Rank and	the ensuing year 202	4-2025. Character of Discharge
	Name	Date of	Date of	Organization	Member ID	Character of Discharge
		Enlistment	Discharge			
Commander						
Vice Commander						
Vice Commander						
Adjutant						
Historian						
Finance Officer						
Service Officer						
Chaplain						
Judge Advocate						
Sgt. At Arms						
Color Bearer						
Color Bearer						
I hereby certify that each of the above officials is eligible to membership in The American Legion and has the consequent right to serve in an official capacity.						

(Signed) _____(Post Commander/or Adjutant)

Please return this form to Department Headquarters not later than July 1, 2024

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