

The American Legion

Department of Vermont

Address: PO Box 396 126 State Street, Montpelier, VT 05601-0396	
Phone: 802-223-7131	Fax: 802-223-0318
Website: www.vtlegion.org	Email: alvthq@talofvt.com

Certification of Service Records

As required by the action of the 13th 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 WITHIN 15 DAYS OF INSTALLATION

Post # and Name: _____

County _____ **District:** _____

Post Phone #: _____ **Post email:** _____

<u>Member ID#</u>	<u>Office</u>	<u>Installed</u>	<u>Phone (w/ area code)</u>	<u>Email</u>
	**Commander			
	1st Vice Commander			
	2nd Vice Commander			
	Adjutant			
	Finance Officer			
	Chaplain			
	Judge Advocate			
	Historian			

<u>Member ID#</u>	<u>Office</u>	<u>Installed</u>	<u>Phone (w/ area code)</u>	<u>Email</u>
	Service Officer			
	Sergeant-At-Arms			

Does your Post have an American Legion Riders Chapter? Check one: Yes ___ or No ___

If **Yes**, please give the name of the Chapter Director and where they are a current member:

Name: _____ Current Member of: _____

Does your Post have a SONS Squadron? Yes or No If Yes

Commanders: Name _____ **Email:** _____ **Phone:** _____

Does your Post have an Auxiliary Unit? Yes or No If Yes

President: Name _____ **Email:** _____ **Phone:** _____

Post Certification: 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.

Signature: _____ **Title:** _____

Print name: _____ **Date:** _____

Installing Officer Certification: I hereby certify that I have examined the service records and election results, verifying the eligibility of each of the legionnaires who have been duly elected/appointed and installed on _____ (enter installation date) to serve the ensuing year.

Signature of installing officer: _____ **Title:** _____

Print name: _____ **Date:** _____

Installing Officer has the responsibility to send the

Completed form to Department of Vermont within 15 days of installation.

** Commanding Officers are required to submit a DD214 to Department to verify eligibility.

Updated 4/25/25