



THE AMERICAN LEGION FAMILY PERMISSION / AUTHORIZATION TO NAME A POST

(**THIS FORM MUST BE SENT THROUGH THE STATE AMERICAN LEGION HQ OFFICE**)

I, the undersigned family member of _____
[Deceased Name]

hereby grant permission to American Legion Post No. _____ located in _____, _____
City State

authorization to use my deceased relative's name for the specific purpose of being included in the
legal name of this American Legion Post.

[Deceased Full Name]:

[Deceased Date of Death]:

Format: mm / dd / yyyy | click inside box to select date

Family Signatory:

[Relationship to Deceased]: _____

Signatory Phone: _____

Signatory Email: _____

Signatory Name: _____

Type First and Last name to serve as digital signature

Date: _____

Format: mm / dd / yyyy | click inside box to select date

The below section to be completed by the requesting American Legion Post:

Post Phone: _____

Post Email: _____

Officer Name: _____

Type First and Last name to serve as digital signature

Date: _____

Format: mm / dd / yyyy | click inside box to select date