



# THE AMERICAN LEGION AUTHORIZATION FORM 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 \_\_\_\_\_, \_\_\_\_\_ 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]:

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

## Family Signatory:

[Relationship to Deceased]:

Signatory Phone: \_\_\_\_\_

Signatory Email: \_\_\_\_\_

Signatory Name: \_\_\_\_\_

Date: \_\_\_\_\_

Type First and Last name to serve as digital signature

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

## The below section to be completed by the requesting American Legion Post and/or Department:

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Type First and Last name to serve as digital signature

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