



# 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:

Post Phone:

Post Email:

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

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

Type First and Last name to serve as digital signature

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