



# THE AMERICAN LEGION AUTHORIZATION FORM TO NAME POST

( **MUST BE SENT THROUGH STATE DEPARTMENT HEADQUARTERS OFFICE** )

I \_\_\_\_\_, authorize and give my permission to  
First and Last Name  
American Legion Post No. \_\_\_\_\_ to use my relative's name  
\_\_\_\_\_ who I certify is deceased.

First and Last Name of name to be used

Printed Name:

Type your First and Last Name to serve as your digital signature

Phone No:

Contact Email:

Date:

Date Format: MM / DD / YYYY (select date by clicking inside box)

---

**This section to be completed by The American Legion Department state headquarters Office / Staff:**

Department:

Printed Name:

Type your First and Last Name to serve as your digital signature

Phone No:

Contact Email:

Date:

Date Format: MM / DD / YYYY (select date by clicking inside box)

REVISED: OCT / 2024