



# THE AMERICAN LEGION AUTHORIZATION FORM TO NAME POST

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

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

If you have any questions, you may reach me at \_\_\_\_\_.

Print Name:

Signature:

Date:

*(select date from drop-down menu by clicking inside box)*

Date Format:  
mm/dd/yyyy

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**For American Legion Department Headquarters state office use only:**

**Authorized by:**

Print Name:

Printed Name of Authorized Department HQ Staff

Signature:

Signature of Authorized Department HQ Staff

Phone No:

Date:

Date Format: mm/dd/yyyy ( select date by clicking inside box )