



**THE AMERICAN LEGION  
DEPARTMENT OF NEW HAMPSHIRE  
Post Officers Report (1 of 2 pages)  
Year \_\_\_\_\_**

**Post Name:** \_\_\_\_\_ **Post #** \_\_\_\_\_

**Post physical address (to include City/Town/Zip+4):** \_\_\_\_\_

**Post mailing address (if different) (to include City/Town/Zip+4):** \_\_\_\_\_

**Post phone:** \_\_\_\_\_ **District #** \_\_\_\_\_

**\*\*Post Meeting Date(s):** \_\_\_\_\_ **Time:** \_\_\_\_\_

\*Do not list dates of your Executive Board

**Post E-Mail Address:** \_\_\_\_\_

**Post Website (if any):** \_\_\_\_\_

**PLEASE PRINT BELOW** **PLEASE PRINT BELOW** **PLEASE PRINT BELOW**

**Name/Address (include Zip Code+ 4)/Personal E-mail and Telephone #**

**Commander** \_\_\_\_\_

**1st Vice Commander** \_\_\_\_\_

**2nd Vice Commander** \_\_\_\_\_

**Adjutant** \_\_\_\_\_

**Finance Officer** \_\_\_\_\_

**Chaplain** \_\_\_\_\_

**Judge Advocate** \_\_\_\_\_

**Historian** \_\_\_\_\_

**Service Officer** \_\_\_\_\_

**Sergeant At Arms** \_\_\_\_\_

**Certification of Service Record of American Legion Post Officers to Department Adjutant**

Pursuant to action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected or appointed to serve Post # \_\_\_\_\_ Department of New Hampshire for the ensuing year.

I hereby certify that each of the above officials are eligible for membership in The American Legion and has the consequent right to serve in an official capacity.

**Post Adjutant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**CERTIFICATION OF SERVICE RECORD OF AMERICAN LEGION POST OFFICERS  
TO DEPARTMENT ADJUTANT**

YEAR \_\_\_\_\_

DATE \_\_\_\_\_

Pursuant to action of the 13th Annual National Convention of the American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected or appointed to serve Post No. \_\_\_\_\_ Department of New Hampshire. For the ensuing year.

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Name	Date of Enlistment	Date of Discharge	Rank and Branch of Service	Service Number
Commander NAME				
First Vice Commander NAME				
Second Vice Commander NAME				
Adjutant NAME				
Finance Officer NAME				
Chaplain NAME				
Judge Advocate NAME				
Historian NAME				
Service Officer NAME				
Sgt at Arms NAME				

I hereby certify that each of the above officials are eligible for membership in The American Legion and has the consequent right to serve in an official capacity.

\_\_\_\_\_  
Post Adjutant Signature