

Sons of Union Veterans of the Civil War
Certification of Election and Installation of Department Officers

Form 49 – Rev. September 2010

(Send to National Headquarters within 30 days of installation of Officers – Retain duplicate for Department Records)

From the Department of _____ EIN _____ to National Executive Director, National Headquarters.

At the Annual Encampment of this Department held at (location) _____

On the _____ day of _____, 20____ the following Officers for the ensuing year were duly elected, appointed, and installed:

OFFICERS INSTALLED

Name (First, Middle, Last)	Street/PO Box	City	State	Zip Code	Phone	E-Mail
Department Commander:						
Senior Vice Commander:						
Junior Vice Commander:						
Council Member 1:						
Council Member 2:						
Council Member 3:						
Secretary:						
Treasurer:						
Patriotic Instructor:						
Chaplain:						
Graves Registration Officer:						
Historian:						
Civil War Memorials Officer:						
Eagle Scout Coordinator:						
Counselor:						
GAR Highway Officer:						
Department Organizer:						

Office:						
Office:						
Office:						
Office:						

CERTIFICATION OF ELECTION OF DELEGATES

The following, all in good standing in their respective Camps, were duly elected to represent this Department as DELEGATES to the next Annual National Encampment of the Sons of Union Veterans of the Civil War. (Attach additional sheet, if necessary.)

Name (First, Middle, Last)	City	State	Zip Code	Name (First, Middle, Last)	City	State	Zip

PAST DEPARTMENT COMMANDERS

The following Past Department Commanders are in good standing and are entitled to attend the Annual National Encampment of the Sons of Union Veterans of the Civil War. (Do NOT include deceased.)

Name (First, Middle, Last)	City	State	Zip Code	Name (First, Middle, Last)	City	State	Zip

SIGNATURE OF INSTALLING OFFICER, DEPARTMENT OFFICERS, AND NATIONAL EXECUTIVE DIRECTOR

Date: _____ Installing Officer: _____ Department Secretary: _____ Department Commander: _____ National Executive Director: _____

Signature

Signature

Signature

Signature

Printed Name: _____

Date received at National Headquarters: _____