

**THE AMERICAN LEGION
DEPARTMENT OF TEXAS**

**POST ORATORICAL CHAIRMAN
CERTIFICATION FORM**

MUST BE COMPLETED BY POST ADJUTANT

American Legion Post _____, located in _____ hereby, certifies the following individual as Post American Legion Oratorical Chairman:

Name: _____ **ID #:** _____

Address: _____

City: _____ **ST** **TX** **Zip:** _____

PH: _____ **Email:** _____

All American Legion Oratorical are mailed in August. Posts that certify their Oratorical Chairman will receive this extra packet. All other Posts will receive only the standard Post Oratorical Mailing.

Post Commander / Adjutant

Date