

THE AMERICAN LEGION  
DEPARTMENT OF TEXAS

**DISTRICT OFFICER CERTIFICATION FORM**

I, \_\_\_\_\_, as Presiding officer of the \_\_\_\_\_ District Convention held at \_\_\_\_\_, Texas on \_\_\_\_\_, 20\_\_\_\_, certify that the following were duly elected by said Convention in accordance with provisions of the Department Constitution and By-Laws.

**DISTRICT COMMANDER:**

\_\_\_\_\_  
Name Address City Zip Code  
Res. \_\_\_\_\_ / \_\_\_\_\_ Cell \_\_\_\_\_ / \_\_\_\_\_ Post \_\_\_\_\_ Membership ID# \_\_\_\_\_  
Phone # Phone #

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

*Cap Size* \_\_\_\_\_ First new cap, for incoming District and Division Commanders only, will be presented at the Department Convention (free of charge). (Cap size is needed as soon as possible)

**DISTRICT VICE COMMANDER:**

\_\_\_\_\_  
Name Address City Zip Code  
Res. \_\_\_\_\_ / \_\_\_\_\_ Cell \_\_\_\_\_ / \_\_\_\_\_ Post \_\_\_\_\_ Membership ID# \_\_\_\_\_

Email \_\_\_\_\_

**DISTRICT ADJUTANT:** (If one is elected or appointed)

\_\_\_\_\_  
Name Address City Zip Code  
Res. \_\_\_\_\_ / \_\_\_\_\_ Cell \_\_\_\_\_ / \_\_\_\_\_ Post # \_\_\_\_\_ Membership ID# \_\_\_\_\_

Email \_\_\_\_\_

**DISTRICT HUBMASTER:** (If one is elected or appointed)

\_\_\_\_\_  
Name Address City Zip Code  
Res. \_\_\_\_\_ / \_\_\_\_\_ Cell \_\_\_\_\_ / \_\_\_\_\_ Post # \_\_\_\_\_ Membership ID# \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Commander, \_\_\_\_\_ District

ATTEST:

\_\_\_\_\_  
Convention Adjutant

**Complete and mail to Department Headquarters, PO Box 140527, Austin, TX 78714, IMMEDIATELY following your convention.**

**A COPY OF THE NEWLY ELECTED OFFICERS DD214 MUST BE SENT TO DEPARTMENT.**