

NAME CHANGE FORM

(Must be sent through Department Headquarters)

Please Send Change Request To:

The American Legion
Internal Affairs & Membership Division
PO Box 1055
Indianapolis, IN 46206
Attn: Charter Clerk
Email: ia@legion.org
Fax: (317) 630-1413

(Please Print or Type)

DEPARTMENT _____

POST NO. _____ SQUADRON Yes or No

OLD NAME OF POST _____

NEW NAME OF POST _____

Please note: If renaming after a deceased individual a consent letter from a family member must be provided.

LOCATION _____

***PAPERWORK TO ATTACH: DEPARTMENT LETTER, CONSENT LETTER FROM FAMILY
(if applicable), MINUTES/RESOLUTION.***

COMMENTS – _____

For National Headquarters Use Only:

PERMANENT CHARTER DATE _____

REPLACEMENT CHARTER DATE _____

EIN _____

DATE OF NAME CHANGE _____