

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

Form 49 – Rev. 12-02
 (Send to National Headquarters – Retain duplicate for Department Records)

From the Department of _____ EIN _____ to National Secretary, 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
_____	_____	_____	_____	(____) _____	_____
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 ()

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 Code

Past Department Commanders

The following Department Commanders are in good standing and are entitled to attend the next 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 Code

Signature of Installing Officer, Department Officers and National Secretary:

Installing Officer: _____ Date: _____ Department Commander: _____

Department Secretary: _____ Received at National Headquarters on this date: _____ By: _____