



**Sons of Union Veterans of the Civil War  
Certification of Election and Installation Of Camp Officers**

Form 22 – Rev 08/04

**Camps: Send completed form and one copy to the Department Secretary**

Department: Send the completed form to National Headquarters

Signatures are required on the last page of this form. – Retain photocopies for your records

Date \_\_\_\_\_

\_\_\_\_\_

Camp Name	Camp Number	Department Abbreviation	EIN
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\_\_\_\_\_

City	State	Initiation Fee	Annual Dues
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\_\_\_\_\_

Meeting held (name of building, if applicable and address)	Time
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\_\_\_\_\_

Frequency of meetings (day of week, and month(s))

**Camp Officers Installed:**

**Commander**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Junior Vice Commander:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Council Member 2:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Senior Vice Commander**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Council Member 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Council Member 3:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Secretary:**

Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Patriotic Instructor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Graves Registration Officer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Civil War Memorials Officer:**

Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Treasurer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Chaplain:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Historian:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Eagle Scout Coordinator:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Attach Camp Roster to this report**

**Past Commanders:**

\_\_\_\_\_  
Name (First, Middle, Last) Year(s) Served as Commander

\_\_\_\_\_  
Name (First, Middle, Last) Year(s) Served as Commander

\_\_\_\_\_  
Name (First, Middle, Last) Year(s) Served as Commander

\_\_\_\_\_  
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\_\_\_\_\_  
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Name (First, Middle, Last) Year(s) Served as Commander

\_\_\_\_\_  
Name (First, Middle, Last) Year(s) Served as Commander

\_\_\_\_\_  
Name (First, Middle, Last) Year(s) Served as Commander

\_\_\_\_\_  
Name (First Middle, Last) Year(s) Served as Commander

Use additional pages to complete Past Commander's List

**Financial Information**

Audit of Camp's Financial Books and Accounts was conducted \_\_\_\_\_,  
by:

\_\_\_\_\_  
Council Member's Name (Signature and Printed)

\_\_\_\_\_  
Council Members Name (Signature and Printed)

\_\_\_\_\_  
Council Member's Name (Signature and Printed)

**Installing Officer**

\_\_\_\_\_  
Signature of Installing Officer

\_\_\_\_\_  
Date

**Camp Secretary and Commander**

\_\_\_\_\_  
Signature of Camp Secretary and Date

\_\_\_\_\_  
Signature of Camp Commander and Date

**Department Secretary**

Received at Department Headquarters on this date: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Department Secretary