Sons of Union Veterans of the Civil War Certification of Election and Installation of Camp Officers Form 22 – Rev 03/21 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 Completedfor	Calendar Year			
Camp Name	Camp Number	De	epartment Name	EIN
City		State	Initiation Fee	Annual Dues
Meeting held (name of building, if applicab	leand address			Time
Frequency of meetings (day of week, and mo	onth(s)			
	Camp Officers Inst	alled:		
Commander	Senior	Vice Comma	nnder	
Name:	Name:_			
Address:	Address	S		
City, State and Zip Code:	City, St	City, State and Zip Code		
Phone: ()		()		
Email:				
Junior Vice Commander:		l Member 1:		
Name:	Name:_			
Address:		<u> </u>		
City, State and Zip Code:		ate and Zip C	Code	
Phone: ()		()		
Email:				
Council Member 2:	Counci	l Member 3:		
Name:	Name:_			
Address:		S		
City, State and Zip Code:	City, St	_	Code	
Phone: ()				
Email:	Fmail			

Secretary:	Treasurer:	
Name:	Name:	
Address:	Address	
City, State and Zip Code:	City, State and Zip Code	
Phone: ()	Phone: ()	
Email:	Email:	
Patriotic Instructor:	Chaplain:	
Name:	Name:	
Address:	Address	
City, State and Zip Code:	City, State and Zip Code	
Phone: ()	Phone: ()	
Email:	Email:	
Graves Registration Officer:	Historian:	
Name:	Name:	
Address:	Address	
City, State and Zip Code:	City, State and Zip Code	
Phone: ()	Phone: ()	
Email:	Email:	
Email: Civil War Memorials Officer:	·	
	Email:	
Civil War Memorials Officer:	Email: Eagle Scout Coordinator:	
Civil War Memorials Officer: Name:	Email: Eagle Scout Coordinator: Name:	
Civil War Memorials Officer: Name: Address:	Email: Eagle Scout Coordinator: Name: Address	

Living Past Commanders:

Camp Secretary (Signature and Finited Name)			
Camp Secretary (Signature and Printed Name) Date	Camp Commander (Signature and Printed Name) Date		
Camp Secreta	ry and Commander		
Installing Officer (Signature and Printed Name)	Date		
	alling Officer		
Council Member 3 (Signature and Printed Name)			
Council Member 1 (Signature and Printed Name)	Council Member 2 (Signature and Printed Name)		
The following Camp Council Members conducted a review			
	e Living Past Commander's List		
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		
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		
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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		

Department Secretary (Signature and Printed Name)