

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

Form 49

(Send to National Headquarters at SUVCW National HQ, 1 Lincoln Circle at Reservoir Park, Suite 240 (Nat'l Civil War Museum Bldg.), Harrisburg, PA 17103-2411, within 30 days of Installation of Officers.)
(Retain Duplicate for Department Records.)

From the Department of _____ EIN _____ to National Executive Director, 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
Department 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:						
GAR Records Officer:						
Counselor:						
Eagle Scout Coordinator*:						
GAR Highway Officer*:						
Civil War Memorials Officer*:						

* Appointed at the option of the Department.

OFFICERS INSTALLED (Continued from Page 1)

Name (First, Middle, Last	Street/PO Box	City	State	Zip Code	Phone	E-Mail
Camp Organizer*:						
Color Bearer*:						
Guard*:						
Guide*:						
Assistant Secretary*:						
Recruiting Officer*:						
Signals Officer*:						
Office*:						
Office*:						
Office*:						
Office*:						
Office*:						
Office*:						
Office*:						
Office*:						

* Appointed at the option of the Department.

PAST DEPARTMENT COMMANDERS

The following Past Department Commanders are in good standing and are entitled to attend the 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
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

CERTIFICATION OF ELECTION OF ALTERNATES

The following, all in good standing in their respective Camps, were duly elected to represent this Department as ALTERNATES to the next annual National Encampment of the Sons of Union Veterans of the Civil War.

Name (First, Middle, Last)	City	State	Zip Code	Name (First, Middle, Last)	City	State	Zip Code
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

____ Check here if, all remaining Brothers of this Department in Good Standing at the time of this Encampment are hereby elected as Alternates to the next annual National Encampment of the Sons of Union Veterans of the Civil War.

SIGNATURE OF INSTALLING OFFICER, DEPARTMENT OFFICERS, AND NATIONAL EXECUTIVE DIRECTOR

Date	Installing Officer	Department Secretary	Department Commander	National Executive Officer
_____	_____	_____	_____	_____
	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>

Printed Name: _____

Date received at National Headquarters _____