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.)

rom the Department of			EIN	to National Executive Director, National Headquarter
t the Annual Encampmen	t of this Department held at (location)		
n the	day of	, 20 the follow	wing Officers, listed on pages 2 - 5, w	vere duly elected, appointed, and installed for the ensuin
ear:				
By their signatures	s, the Installing Officer,	and Department Officers at	test to the accuracy of the info	ormation contained therein in its entirety.
	Signatures of	Installing Officer, Departmen	nt Officers, and National Exec	ative Director
	Signatures of	Installing Officer, Departmen	nt Officers, and National Exec	utive Director
Date (<i>mm/dd/yyyy</i>)	Signatures of	Installing Officer, Departmen	nt Officers, and National Exect	utive Director National Executive Director
Date (mm/dd/yyyy)	C			
Date (mm/dd/yyyy)	Installing Officer		Department Commander	
Date (mm/dd/yyyy)	C	Department Secretary		National Executive Director
Date (mm/dd/yyyy)	Installing Officer	Department Secretary	Department Commander	National Executive Director
Date (mm/dd/yyyy)	Installing Officer	Department Secretary	Department Commander	National Executive Director

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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 2)

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

^{*} Appointed at the option of the Department.

PAST DEPARTMENT COMMANDERS

The following Past Department Comm	nanders are in good standing and are	entitled	to attend the annua	ll National Encampment of the Sons of Un	ion Veterans of the Civil War. (Do NO	Γ include	deceased)
Name (First, Middle, Last)	City	State	Zip Code	Name (First, Middle, Last)	City	State	Zip Code
					· ————————————————————————————————————		
							
							

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). Do not include living PDCs in the section.

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

Continued from page 4.

	City	State	Zip Code	Name (First, Middle, Last)	City		
							
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771 (11 ' 11 ' 1 ' 1 ' 1	4			LECTION OF ALTERNATES	15 (1.6		(3.7
	n their respective Camps, wer	re duly elected to represent		as ALTERNATES to the next annual National Name (First, Middle, Last)	onal Encampment of the Sons of City	of Union Veterans of the Civil State Zip C	
		re duly elected to represent	this Department	as ALTERNATES to the next annual Nation	_		
		re duly elected to represent	this Department	as ALTERNATES to the next annual Nation	_		
		re duly elected to represent	this Department	as ALTERNATES to the next annual Nation	_		
		re duly elected to represent	this Department	as ALTERNATES to the next annual Nation	_		
The following, all in good standing i Name (First, Middle, Last)		re duly elected to represent	this Department	as ALTERNATES to the next annual Nation	_		
		re duly elected to represent	this Department	as ALTERNATES to the next annual Nation	_		