

CERTIFICATION FORM

NATIONAL ONE-YEAR DEPARTMENT NARRATIVE CONTEST

INSTRUCTIONS: COMPLETE THIS FORM AND ATTACH SECURELY TO THE ENTRY SUBMITTED WITH A "SPRING TYPE" BINDER CLIP. DO NOT PASTE IN ENTRY.

THIS IS A ONE-YEAR: DEPARTMENT NARRATIVE

THIS ENTRY HAS _____ VOLUME (S) FOR THE CONTEST AS INDICATED ABOVE.

NAME OF DEPARTMENT: _____

NAME OF DEPARTMENT HISTORIAN: _____

NAME OF COMPILER IF DIFFERENT FROM HISTORIAN: _____

FULL ADDRESS: _____

_____ TEL: _____

DEPARTMENT CERTIFICATION

THE DEPARTMENT OF _____ CERTIFIES THAT THIS NARRATIVE IS AN ENTRY FOR THE CONTEST BEING CONDUCTED BY THE NATIONAL HISTORIAN THIS YEAR AT NATIONAL HEADQUARTERS.

DEPARTMENT ADJUTANT: _____ DATE CERTIFIED: _____

NO NARRATIVE WILL BE CONSIDERED BY THE CONTEST JUDGES UNLESS THE ENTRY IS ACCOMPANIED BY THIS NATIONAL CONTEST CERTIFICATION FORM AND COMPLETED. *A BOOK ENTERED IN THE WRONG CATEGORY WILL BE DISQUALIFIED. DEADLINE FOR ENTRY AT NATIONAL IS SEPTEMBER 15TH.*

NATIONAL HISTORIAN
NATIONAL HEADQUARTERS
THE AMERICAN LEGION
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INDIANAPOLIS, INDIANA 46204

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