



**AMERICAN LEGION AUXILIARY**  
**Department of Ohio, Inc.**

**AUXILIARY GRAVE MARKER EMBLEM REQUEST**

The American Legion Auxiliary Emblem may be permanently placed on a grave marker of a deceased member, or a Pre-Need request. For A Pre-Need request, a person must have been a member of the American Legion Auxiliary for at least 20 consecutive years, OR a Paid-Up-For-Life member (VIM), regardless of the length of consecutive membership.

Please complete this form and mail to : **AMERICAN LEGION AUXILIARY  
DEPARTMENT OF OHIO, INC.  
1100 BRANDYWINE BLVD STE D  
ZANESVILLE OH 43701**

Dist #/Unit # \_\_\_\_\_ / \_\_\_\_\_

This request is for permission to use the American Legion Auxiliary Emblem as integral cast on a memorial for:

\_\_\_\_\_ Name of Individual

\_\_\_\_\_ Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

- Check one : \_\_\_\_\_ The above named individual is a member in good standing in the American Legion Auxiliary, Department of Ohio, Inc., and has 20 years of continuous membership.  
\_\_\_\_\_ The above named individual is a Paid-Up-For-Life member regardless of the length of continuous membership.  
\_\_\_\_\_ The above named individual was a paid-up member at the time of her death.

Signed \_\_\_\_\_  
Unit President

Name and address of memorial manufacturer:

Name and address of place of interment:

\_\_\_\_\_ Name

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

If approved, this request will be forwarded to National Headquarters. They in turn, will notify the grave marker Manufacturer and the place of Interment.

Signature of Approval \_\_\_\_\_

Department Secretary