

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.

PO BOX 2760

ZANESVILLE OH 43702-2760

This request is fo	or permission to use the American Legion A		Unit #/
	Name of Indiv	idual	
	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 Hea Manufacturer and the p		ll notify the grave marker