



Alexander Hamilton Post 448

The American Legion

SERVICE VERIFICATION FORM

MEMBERSHIP ID:

FULL NAME:

AS IT APPEARS ON YOUR DISCHARGE OR SEPARATION PAPERS:

NAME:

IF DIFFERENT FROM ABOVE

BRANCH OF SERVICE:

DATE INDUCTED:

DATE SEPARATED:

TYPE OF DISCHARGE:

If your discharge or separation is other than Honorable, you must submit a copy of your discharge papers. If you were discharged because you were presumed to be Gay, please enter "(GAY)" after your type of discharge.

I attest, under penalty of perjury, that the above information is true and accurate to the best of my knowledge:

Signature: _____ Date: _____

Please complete above information and surrender to the Adjutant, Post 448; or mail to:

Adjutant

Alexander Hamilton Post 448

PO Box 0939

San Francisco CA 94114-0939

FOR OFFICE USE ONLY: