SEMAER FIDELS

APPLICATION FOR DETACHMENT NAME CHANGE MARINE CORPS LEAGUE 3619 JEFFERSON DAVIS HWY SUITE 115 STAFFORD, VA 22554

Address:			
Phone:			
To:	National Commandant		
Via:	(1) Department Commandant (2) National Division Vice Commandant		
Date:			
Dear Com	nmandant:		
The unde	rsigned request that the name of our Deta	ment be changed as follows:	
Name and	d Detachment Number on Original Charte		
New Nam	ne (with Detachment Number):		
I hereby o	certify that the detachment has voted on t	name change and it was approved by a majority. This was recorded in	the
meeting r	minutes of our meeting dated:		
If the Det	achment name is being changed to honor	eceased Marine (FMF Corpsman/FMF Chaplain), we have attached a le	ettei
of the nex	kt of kin authorizing the Detachment to us	as the name of our	
Detachme	ent in perpetuity.		
	gree that with the issue of this new chart on still apply.	the rules and regulations that we agreed to on our original charter	
 Detachme	ent Adjutant Signature	Detachment Commandant Signature	
Approvals	s:		
 Departme	ent Commandant Signature	National Chief Operating Officer Signature	
 Division N	lational Vice Commandant Signature	National Commandant/CEO Signature	
Date Char	rter Issued:	Detachment Number:	