Date:

American Legion
Department Nebraska
Baseball Birth Certification

Baseball Identification Cards Required				
	Team	**First/Full Middle/Last Name**	**Address**	**DOB**

Fax to: 1-402-464-6330
Mail to: American Legion
Department Nebraska
P.O. Box 5205
Lincoln, NE 68505

Scan and Eamil to:
actdirlegion@windstream.net

Mailing Address for Cards:

Area Committee Rep Signature:_____