

MERIT BADGE VERIFICATION INFORMATION FORM

PLEASE PRINT OR TYPE ALL INFORMATION FOR THE FIRST THREE COLUMNS

	DISTRICT _____	TROOP # _____	DATE _____	
	SCOUTS NAME	MERIT BADGE	COUNSELOR'S NAME/CAMP	DISTRICT USE ONLY
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For Merit Badge #1-35, please complete this with the ADVANCEMENT REPORT 64100 and Unit # \_\_\_\_\_