



VERIFICATION OF MILITARY STATUS

Center Location: _____ Child/ren's Name(s): (1) _____
 (2) _____

In order to verify your family's military status, please provide identification information regarding:
(Please check only one.)

A Member of the Military:

Full Name (First, Middle, Last): _____

Service Branch: _____

Status (Circle one): Active Duty Reserve National Guard Expiration Date of Card: ____/____/____

Pay Grade: _____ Rank: _____

A SPOUSE of Member of the Military:

Full Name (First, Middle, Last): _____ Relationship: _____

SPONSOR'S Full name (First, Middle, Last) _____

SPONSOR Service/Status: ____/____ SPONSOR Rank/Pay Grade: ____/____

DOD #: _____ Authorized Patronage: _____ Expiration Date of Card: ____/____/____

A Civilian Employee of the Department of Defense (DoD):

Full Name (First, Middle, Last): _____

Affiliation: **CIVILIAN** _____

Agency/Department: **DOD** ____/____ Expiration Date of Card: ____/____/____

Authorized Patronage: _____ Pay Grade: _____

By signing below, I hereby certify that the information provided above to be true and accurate. I understand that it is my responsibility to inform the center of any changes in my family's military status and I understand that I will be responsible for any monies owed back to the date of my military status change.

Member/Spouse/Civilian:

 Signature (Seal) Printed Name Date