



Your SSN

	The followi	ng information must be provid	ded in order to determine your eligibility to p	ourchase military service.		
Your Information	Name	First	Middle/Maiden	Last		
				Last	Last	
	Address Street or P.O. Box			State	ZIP Code	
	Telephone Number		Email Address			
	Date of Birth					
Member Certification If more than one category describes your situation, check all appropriate boxes.	 I certify that I am a veteran of the Armed Forces of the United States and that the following describes my current retirement benefits on account of my military service: No benefit Service retirement benefit from a branch of the Armed Forces Service retirement benefit based partially on my military service from: 					
			State source of benefit, such as Civil Service Retireme	nt, etc.		
		Disability retirement from a branch of the Armed Forces Disability retirement benefit based partially on my military service from:				
		State source of benefit, such as Civil Service Retirement, etc.				
Signature Certification Sign Here →	Your Signature Date					
	Please have your signature acknowledged before a Notary Public.					
	State of _		, County of			
	I,		, a Notary Public, hereby certify	, a Notary Public, hereby certify that the above named individual whose name		
	is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are					
	true. Give	n under my hand this	day of		, 20	
	Seal Signature of Notary Public My Commission Expires					