

STATEMENT OF ECCLESIASTICAL ENDORSEMENT

OMB No. 0704-0190
OMB approval expires
Dec 31, 2017

The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0190). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO CHIEF OF CHAPLAINS (ITEM 3).

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 136, 533(a)(1), 643, 827, 3353(a)(1), and 5600(a)(1); DoD Directive 1304.19; DoD 1304.28; and E.O. 9397, as amended (SSN).
PRINCIPAL PURPOSE(S): The information collected on this form is used to verify the professional and ecclesiastical qualifications of Religious Ministry Professionals for initial appointment or chaplains change of career status appointments as chaplains in the Military Services. This form is an essential element of a chaplain's professional qualifications and will become part of a chaplain's military personnel record. Completed forms are covered by recruiting and official military personnel file SORNs maintained by each of the Services.
ROUTINE USE(S): The DoD "Blanket Routine Uses" found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> apply to this collection.
DISCLOSURE: Voluntary. However, failure to provide the requested information may significantly delay the processing of this endorsement.

1. ECCLESIASTICAL ENDORSING AGENT (To be completed by Endorsing Agent)

a. AS THE ECCLESIASTICAL ENDORSING AGENT AUTHORIZED TO REPRESENT (Name of religious organization) (Item 4a)
 _____, **I HEREBY VERIFY THAT THE PERSON INDICATED IN PARAGRAPH 2, BELOW, IS CREDENTIALLED AND QUALIFIED FOR AN APPOINTMENT WITHIN THE MILITARY CHAPLAINCY** (as indicated in paragraph 2(j))(k) **IN ACCORDANCE WITH THE STANDARDS CONTAINED IN DODI 1304.28.** (Date of agent authorization - YYYYMMDD:)

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)		c. E-MAIL ADDRESS	
d. ADDRESS. (1) STREET (Include apartment or suite number)		(2) CITY	(3) STATE (4) ZIP CODE
e. TELEPHONE (Include Area Code)	f. FAX NUMBER (Include Area Code)	g. SIGNATURE	
			h. DATE SIGNED (YYYYMMDD)

2. PROSPECT INFORMATION. a. IS THIS AN INITIAL ENDORSEMENT? (X one) YES NO

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)		c. SOCIAL SECURITY NUMBER (Last 4)		d. TELEPHONE (Include Area Code)	
e. ADDRESS. (1) STREET (Include apartment or suite number)		(2) CITY	(3) STATE	(4) ZIP CODE	
f. E-MAIL ADDRESS			g. DATE OF BIRTH (YYYYMMDD)		
h. NUMBER OF YEARS OF PROFESSIONAL MINISTRY EXPERIENCE PROSPECT HAS COMPLETED		i. NUMBER OF MONTHS OF PRIOR ACTIVE MILITARY SERVICE PROSPECT HAS COMPLETED			
		(1) OFFICER		(2) ENLISTED	
j. SOURCE OF ORDINATION/PROFESSIONAL CREDENTIALS			k. DATE OF ORDINATION/PROFESSIONAL CREDENTIALS (YYYYMMDD)		

l. APPLICATION IS FOR (X one)

<input type="checkbox"/> (1) CHAPLAIN CANDIDATE	<input type="checkbox"/> (4) ACTIVE DUTY (Navy Only: X (a) or (b))	<input type="checkbox"/> (5) WITHDRAWAL OF ENDORSEMENT
<input type="checkbox"/> (2) RESERVE	<input type="checkbox"/> (a) Initial Active Duty - 3 Years	
<input type="checkbox"/> (3) NATIONAL GUARD	<input type="checkbox"/> (b) Extended Active Duty - Indefinite	

3. TO		b. ADDRESS. (1) STREET (Include apartment or suite number)	
a. CHIEF OF CHAPLAINS (X appropriate block)			
<input type="checkbox"/> (1) ARMY <input type="checkbox"/> (2) NAVY	(2) CITY		(3) STATE (4) ZIP CODE
<input type="checkbox"/> (3) AIR FORCE			

4. FROM (To be completed by Endorsing Agent)

a. TYPED OR PRINTED NAME OF RELIGIOUS ORGANIZATION GRANTING RELIGIOUS MINISTRY PROFESSIONAL ENDORSEMENT		b. DATE OF CURRENT INTERNAL REVENUE CODE (IRC) 501(c)(3) EXEMPT STATUS		c. EMPLOYER IDENTIFICATION NUMBER (IRC)	
		d. TELEPHONE (Include Area Code)		e. FAX NUMBER (Include Area Code)	
f. ADDRESS. (1) STREET (Include apartment or suite number)		(2) CITY	(3) STATE	(4) ZIP CODE	
g. E-MAIL ADDRESS			h. WEB SITE		

5. COMMENTS
