| <b>REQUEST FOR VERIFICATION OF BIRTH</b><br>(Read Privacy Act statement on back page in its entirety before completing this form)   |        |                 |          |          | E <b>OF REQUEST</b><br>YMMDD) | OMB No. 0704-0006<br>OMB approval expires<br>July 31, 2023 |
|---|--------|-----------------|----------|----------|-------------------------------|--|
| The public reporting burden for this collection of information is estimated to average 5 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, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. 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 ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS LISTED IN SECTION III, ITEM 14.b. |        |                 |          |          |                               |  |
| SECTION I (Fill in every item in this section)  |        |                 |          |          |                               |  |
| 2. FULL NAME OF CHILD AT TIME OF BIRTH (Last, First, Middle Names) 3. GENDER (X)  |        |                 |          |          |                               | 4. DATE OF BIRTH   |
| MALE   FEMALE   |        |                 |          |          | MALE                          | (YYYYMMDD)   |
|   |        |                 |          |          | FEMALE                        |  |
| 5. PLACE OF BIRTH   |        |                 |          |          |                               |  |
| a. CITY   |        | b. COUNTY C.    |          | c. STATE | STATE                         |  |
| 6. FULL NAME OF FATHER AT TIME OF BIRTH OF CHILD LISTED IN BLOCK 2 (Last, First, Middle Names)  |        |                 |          |          |                               |  |
|   |        |                 |          |          |                               |  |
| 7. FULL NAME OF MOTHER AT TIME OF BIRTH OF CHILD LISTED IN BLOCK 2 (Last, First, Middle and Maiden Names)   |        |                 |          |          |                               |  |
| 8. RECRUITING REPRESENTATIVE MAKING REQUEST   |        |                 |          |          |                               |  |
| a. NAME (Last, First, Middle Initial)   | b. RAN | K/GRADE         | c. TITLE |          | d. SIGNATURE                  |  |
| SECTION II (For use by Vital Statistics Department only)  |        |                 |          |          |                               |  |
| 9. CORRECTIONS OF ABOVE STATEMENT MADE ACCORDING TO FACTS ON FILE BY:   |        |                 |          |          |                               |  |
| a. NAME (Last, First, Middle Initial)   |        | b. ORGANIZATION |          |          |                               |  |
| ORGANIZATION ADDRESS:   |        |                 |          |          |                               |  |
| c. STREET   |        |                 | d. CITY  |          | e. STATE                      | f. ZIP CODE  |
| This is to verify that the above data as corrected are true and correct according to the record on file in this office. These data are confidential and cannot be used in any manner except for official purposes.  |        |                 |          |          |                               | 11. FILE DATE<br>(YYYYMMDD)                                |
| 12. VERIFIED BY (Signature)   |        |                 |          |          |                               | 13. DATE SIGNED<br>(YYYYMMDD)                              |
| SECTION III (For completion by recruiting office)   |        |                 |          |          |                               |  |
| 14. RECRUITING OFFICE IDENTIFICATION DATA   |        |                 |          |          |                               |  |
| a. RECRUITING REPRESENTATIVE NAME <i>(Last, First, Middle Initial)</i>  |        |                 |          |          |                               |  |
| b. UNIT/COMMAND NAME AND MAILING ADDRESS (Street, City, State and ZIP Code)   |        |                 |          |          |                               |  |
| c. RECRUITER SIGNATURE  |        |                 |          |          |                               | d. DATE SIGNED<br>(YYYYMMDD)                               |
|   |        |                 |          |          |                               |  |

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## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 503, Enlistments: recruiting campaigns; compilation of directory information; 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, Regular components: qualifications, term, grade; 10 U.S.C. 7013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; Army Regulation 601-210, Regular Army and Army Reserve Enlistment Program; Army Regulation 601-270/OPNAVINST 1100.4C/ MCO 1100.75F/COMDTINST M 1100.2E, Military Entrance Processing Station; AFPD 36-20, Recruiting Programs and Accession of Military Personnel into the Air Force; DoD Directive 1145.02E, United States Military Entrance Processing Command (USMEPCOM) and USMEPCOM Regulation 680-3, Entrance Processing and Reporting System Management.

**PURPOSE(S):** Used for collecting and verifying birth information on applicants for the Armed Services, who are unable to provide a birth certificate from their city, county, or state.

**ROUTINE USE(S):** All uses of this form are internal to the relevant Service. Routine uses are listed in the applicable system of records notices (SORNs). Access to personal information is limited to those individuals who require the records to perform their official assigned duties as stated above. The personnel data information is securely collected, stored, and covered by the following systems of records:

USMEPCOM: A0601-270 USMEPCOM DoD, U.S. Military Processing Command Integrated Resource System (USMIRS) http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-view/Article/570661/a0601-270-usmepcom-dod

Army: A0601-210a USAREC

https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570071/a0601-210a-usarec.aspx

Air Force: F036 AETC R, Air Force Recruiting Information Support System (AFRISS) Records, <u>https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569780/f036-aetc-r</u>

Marine Corps: M01133-3, Marine Corps Recruiting Information Support System (MCRISS) <u>https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570628/m01133-3/</u>

Navy: N01080-1, Enlisted Master File Automated System, https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570313/n01080-1/

Coast Guard: DHS/USCG-027, Recruiting Files http://www.gpo.gov/fdsys/pkg/FR-2011-08-10/html/2011-20225.htm

**DISCLOSURE:** Voluntary; however, without this collection, recruiters would not be able to validate that an applicant meets age and citizenship requirements for enlistment into the Armed Forces.