

FLEET HOMETOWN NEWS RELEASE

1. Print in ink or type.
2. For additional remarks use Block 21.

PRIVACY ACT STATEMENT -- AUTHORITY: 5 U.S.C. 301, and 14 U.S.C. 93f and 10 U.S.C. 8012 and 8034, and EO 9397. PRINCIPAL PURPOSE: To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of sea service members. SSN is used for casualty identification and will not be released. ROUTINE USES: Information may be disclosed to civilian news media representatives. Once published, information is considered "Public Domain." DISCLOSURE IS VOLUNTARY: Failure to provide the information may mean little or no public news release material can be produced, thus denying the individual public recognition for personal achievement.

1. I certify this information is correct. I have no objection to its publication. Forms not signed will not be processed. Print your First Name, MI, Last Name, and SSN. You must sign and date your form.

First Name: _____ MI: _____, Last Name: _____, SSN: - -

Signature: _____, Date Signed: (DD) (MM) (YYYY) 2. Rank/Rate 3. Date Reported (MM) (YYYY)

4. Command Mailing Address: _____

5. Command Releasing Authority (Command PAO)
 Print Name: _____
 Signature: _____
 Phone: () _____
 E-Mail: _____
 Homeport/Command Location: _____

TYPE YOUR COMMAND'S MAILING ADDRESS OR PLACE COMMAND'S MAILING LABEL IN THE BLOCK ABOVE

6. Unit Code
 USN - UIC
 USMC - RUC -MCC -
 USCG - OPFAC -

7. Branch of Service (check one)
 USN ___ USMC ___ USCG ___
 USA ___ USAF ___ CIV ___

8. Duty Status (check one)
 Active ___
 Reserve ___

9. Date Entered Service (DD) (MM) (YYYY)

10. Gender (check one)
 Male ___ Female ___

11. Are you currently Married? (check one)
 Yes ___ No ___

12. Spouse's First Name (If Married) _____

YOUR LIVING PARENTS OR GUARDIANS, OR OTHER RELATIVES: SHOW RELATIONSHIP. IF MILITARY INCLUDE RANK/SERVICE.

13. Your Father's Full Name	Address (Number and Street)		ZIP Code
	City	State	
14. Your Mother's Full Name	Address (Number and Street)		ZIP Code
	City	State	
15. Your Father-in-law, or Other Relative Full Name (Write Relationship)	Address (Number and Street)		ZIP Code
	City	State	
16. Your Mother-in-law, or Other Relative Full Name (Write Relationship)	Address (Number and Street)		ZIP Code
	City	State	
17. High School -- complete name	Year Graduated	City	State ZIP Code
18. College/University -- complete name	City	State	Type of Degree Year Graduated
19. College/University -- complete name	City	State	Type of Degree Year Graduated

20. Duty to Which Assigned/Job Title -- If Designated a Plane Captain, etc.. -- List Aircraft Type _____

21. Event: Check the Appropriate Box or List Complete Details. If you Received a Medal or Award, Attach Copy of Citation.

Date of Event: (DD) (MM) (YYYY)

Reported for Duty Promoted to the Above Rank Meritoriously Promoted

Medal/Award (Attach Copy) Retired: ___ # of years Reenlisted: ___ # of years Good Conduct Medal

Military School Graduation (List School and Course Name) Deployment -- explain below Other -- Explain Below

Explanation: (Attach Extra Page if Necessary)