

**Request for Family Advocacy Program Central Registry Check
For Nonappropriated Fund Civilian Personnel Office**

1. Name of Applicant: _____
2. Applicant's SSN: _____
3. Check which Branch of Service YOU have worked for as a civilian employee or have previously served as a member of:

_____ U.S. Army	Dates: _____
_____ U.S. Navy	Dates: _____
_____ U.S. Air Force	Dates: _____
_____ U.S. Marine Corps	Dates: _____
_____ U.S. Coast Guard	Dates: _____
_____ I have never previously been affiliated with the U.S. Military	

4. If you are currently married:
- a. Name of your Spouse: _____
- b. Spouse's SSN: _____
- c. Check which Branches of Service your SPOUSE is/has been a member of, or has worked for as a civilian employee:

_____ U.S. Army	Dates: _____
_____ U.S. Navy	Dates: _____
_____ U.S. Air Force	Dates: _____
_____ U.S. Marine Corps	Dates: _____
_____ U.S. Coast Guard	Dates: _____
_____ Spouse has never been affiliated with the U.S. Military	

5. I am not currently married: _____
6. In the past 5 years were you previously married to a service member or a civilian employee of DOD other than the person listed above?

_____ YES. What branch of service was the former spouse affiliated with? _____

_____ NO

I understand that this form is being signed under penalty of perjury for deliberately providing incorrect information. In addition, a false statement rendered by an employee may result in adverse action up to and including removal from Federal Service.

Signature: _____ Date: _____