

## Selective Service Verification Form

DCEO USE ONLY	
Certification Number:	
Grant Number:	

**Verification Questions:**

Please answer the following questions concerning your status in the selective service system. If you need more space to complete this form or include additional information, you can attach the explanation or item(s) in question to the end of this form.

1. Are you a male, born after January 1, 1960 who has reached the age of 18 or will within the next 30 days?  Yes  No

**If you answered "no" to question 1, you have met the selective service eligibility criterion. However, if you turn 18, you must register with selective service within 18 days of your birthday. If you answered "yes," please continue to complete the form.**

2. If you answered yes to question 1, have you registered with Selective Services?  Yes  No

**If you answered "yes" to question 2, you have met the selective service eligibility criterion. If you answered "no" to question 2, please continue to complete the form.**

3. Are you currently serving in the military on full-time active duty, attending the service academies, are disabled and confined to a residence, hospital or institution, or are hospitalized, institutionalized, or incarcerated?  Yes  No

**If you answered "yes" to question 3, you have met the selective service eligibility criterion. However, you must register within 30 days after being released from the above exclusions if you have not reached your 26th birthday. If you answered "no" to question 3, please complete the remainder of the form.**

4. Were you aware of the requirement for you to register with selective service?  Yes  No

5. If you were aware of the requirement to register, were you misinformed about the applicability of the requirements to you?  Yes  No

6. On what date did you first learn of the requirement to register with selective service and its pertinence to you? \_\_\_\_/\_\_\_\_/\_\_\_\_

7. What actions, if any, did you take when you learned of this requirement?

8. Did you deliberately fail to register with selective services?  Yes  No

9. If not, why did you fail to register?

10. During the time between your 18th and 26th birthday, what was your permanent mailing address? (If you had more than one permanent address during this time, include the other addresses on a separate sheet.)

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_