

STATEMENT OF ECCLESIASTICAL CERTIFICATION

*Form Approved
OMB Number 0704-0190
Expires Feb 28, 2006*

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PRIVACY ACT STATEMENT

AUTHORITY: Title 10, U.S. Code, Sections 532 and 12201; EO 9397.

PRINCIPAL PURPOSE(S): To certify the professional qualifications of Religious Ministry Professionals for appointment 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.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide all the information requested may significantly delay the processing of this certification.

1. FROM

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

2. TO

a. CHIEF OF CHAPLAINS (X appropriate block)		b. ADDRESS. (1) STREET (Include apartment or suite number)		
	(1) ARMY	(2) CITY	(3) STATE	
	(2) NAVY			(4) ZIP CODE
	(3) AIR FORCE			

3. APPLICANT INFORMATION. a. IS THIS AN INITIAL CERTIFICATION? (X one) YES NO

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. SSN	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. NUMBER OF YEARS OF PROFESSIONAL MINISTRY EXPERIENCE APPLICANT HAS COMPLETED (Following completion of the certification requirements for Military Chaplaincy)		h. NUMBER OF MONTHS OF PRIOR ACTIVE MILITARY SERVICE APPLICANT HAS COMPLETED	
		(1) OFFICER	(2) ENLISTED

i. APPLICATION IS FOR (X one)	(1) RESERVE (Non-Active Duty)	(4) EXTENDED ACTIVE DUTY (Indefinite)
	(2) NATIONAL GUARD	(5) REGULAR COMMISSIONED OFFICER
	(3) INITIAL ACTIVE DUTY (3 years)	(6) RESERVE (AGR)

4. ECCLESIASTICAL CERTIFYING AGENT

a. AS THE ECCLESIASTICAL CERTIFYING AGENT AUTHORIZED TO REPRESENT _____,
(Name of religious organization) (Item 1)

I HEREBY CERTIFY THE ABOVE APPLICANT TO BE PROFESSIONALLY QUALIFIED AS A RELIGIOUS MINISTRY PROFESSIONAL FOR THE MILITARY CHAPLAINCY.

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)

5. COMMENTS