

## INSTRUCTIONS FOR MEMORANDUM FOR CERTIFICATE OF MILITARY SERVICE

### When should this form be used?

This form should be used if you DO NOT KNOW whether the defendant in your case is on active duty in a branch of the military service of the United States. Fill out this form and mail one copy to each of the military offices at the addresses on the form. You may be charged a service fee by each military service branch for their response. To assist you in determining the amount of each military branch's fee, phone numbers are listed below. You will need to call each number to find out their fee for this search. Even if you believe that the defendant has never or would never join the military, you must show the court proof that he or she is not a member of the military. Therefore, you may need to use this form to provide the court with such proof. See the instructions for the Nonmilitary Affidavit, for additional information.

**COAST GUARD:** U.S. Coast Guard Commander (CGPC-ADM-3), Coast Guard Personnel Command, 2100 2nd St., S.W., Room 1616, Washington, DC 20593, Phone: (202) 267-1340

**AIR FORCE:** AFPC MSIMDL, 550 C Street, W., Suite 50, Randolph AFB, TX 78150-4752, Phone: (210) 652-5775

**NAVY:** BUPERS, PERS 02116, 2 Navy Annex, Washington, DC 20370-0216, Phone: (703) 614-5011 or (703) 614-9221

**MARINE CORPS:** USMC-CMC, HQMC-MMSB-10, 2008 Elliot Road, Room 201, Quantico, VA 22134-5030, Phone: (703) 784-3941

**PUBLIC HEALTH SERVICE:** Surgeon General, U.S. Public Health Service, Div. of Comm., Off. Personnel, 5600 Fishers Lane, Room 4-21, Rockville, MD 20857, Phone: (301) 594-2963

**ARMY:** Army World Wide Locator, U.S. Army Enlisted Records and Evaluation Center, 8899 East 56th Street, Indianapolis, IN 46249-5301, Phone: (703) 325-3732

This form should be typed or printed in black ink. You should complete this form for each branch of the United States' military listed above, and mail the form to each branch with a check for the appropriate amount and a stamped, self-addressed envelope. You should keep a copy of the form for your records. After you have received a verification of nonmilitary status from each branch, you will need to attach those verifications to a Nonmilitary Affidavit, for filing with the clerk.

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA  
GENERAL CIVIL DIVISION

\_\_\_\_\_  
Plaintiff(s),

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

v.

\_\_\_\_\_  
Defendant(s).

**MEMORANDUM FOR CERTIFICATE OF MILITARY SERVICE**

- TO:** ( ) U.S. Coast Guard Commander (CGPC-ADM-3), Coast Guard Personnel Command, 2100  
2nd St., S.W., Room 1616, Washington, DC 20593  
( ) AFPC MSIMDL, 550 C Street, W., Suite 50, Randolph AFB, TX 78150-4752  
( ) BUPERS, PERS 02116, 2 Navy Annex, Washington, DC 20370-0216  
( ) USMC-CMC, HQMC-MMSB-10, 2008 Elliot Road, Room 201, Quantico, VA 22134-5030  
( ) Surgeon General, U.S. Public Health Service, Div. of Comm., Off. Personnel, 5600 Fishers  
Lane, Room 4-21, Rockville, MD 20857  
( ) Army World Wide Locator, U.S. Army Enlisted Records and Evaluation Center, 8899 East  
56th Street, Indianapolis, IN 46249-5301

**RE:** \_\_\_\_\_  
{Name of Defendant}

\_\_\_\_\_  
{Defendant's Social Security Number}

This case involves a civil matter. It is imperative that a determination be made whether the above-named individual, who has an interest in these proceedings, is presently in the military service of the United States, and the dates of induction and discharge, if any. This information is requested under section 581 of the Soldiers' and Sailors' Civil Relief Act of 1940, as amended. Please supply a verification as soon as possible. My check for \$\_\_\_\_\_ for your search fee and a self-addressed, stamped envelope are enclosed.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW:** [fill in **all** blanks]

I, {full legal name and trade name of nonlawyer} \_\_\_\_\_,  
a nonlawyer, located at {street} \_\_\_\_\_, {city}

\_\_\_\_\_  
{state} \_\_\_\_\_, {phone} \_\_\_\_\_, helped {name} \_\_\_\_\_,  
who is the plaintiff, fill out this form.