

# STATEMENT OF ACTIVE MILITARY SERVICE

I certify that I am the Commanding Officer or official custodian of:

**NAME:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

**SERIAL OR FILE NUMBER:** \_\_\_\_\_

**RANK OR RATING:** \_\_\_\_\_

**NAME AND ADDRESS OF ORGANIZATION TO WHICH PRESENTLY ASSIGNED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Following is a complete statement of active periods of service for

FROM	TO	STATUS	TYPE OF SEPARATION AND FORMS ISSUED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I further certify that this individual has had \_\_\_\_\_ days of time lost during the current period of active service.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_