		APPLIC				NCE FOR Q on of dependen						NDENTS		
2. Pl 3. R n	UTHORITY: Pub. L. 9364, E.O RINCIPAL PURPOSE(S): Adju OUTINE USE(S): To secure do nember's entitlement to BAQ and	dication of cla cuments (DD I input is made	ims for Basic Form 137-3, M to the Master	Marriage Certific r Military Pay Fil	Quarters (BAQ) ates, Birth Cer le to authorize	tificates, etc.) from BAQ. The docume	ful and so the claim nts are re	econdary depend ed dependent to etained or returne	determin		ship and dep	endency. Docu	iments	s are evaluated to determinem
4. DISCLOSURE IS VOLUNTARY: However, unless the required information is furnished, the allowance will not be paid. SSN NAME OF SERVICE MEMBER (Last, first, middle initial)													PAY GRADE	
ST/	ATION OR BASE										TE OF I	ENTRY OF	N AC	
1.	I HEREBY CLAIM B	(Whichever is later) (YYMMDD) PENDENTS LISTED BELOW EFFECTIVE(YYMMDD) (Date)												
2.	FROM THE DATE IN) ABOVE	, MY DEPE	NDENTS	ARE:						(Du	10)	
	NAME OF DEPEND	COMPLETE CURRENT ADDRESS FAMILIAL RELATIONSHIP 1						DATE OF BIRTH 2 (YYMMDD)						
			STREET				Z	IP CODE				(1100000)		
		CITY		STATE										
		STREET					IP CODE							
						CITY		STATE						
					STREET					IP CODE				
	DATE (YYMMDD)	CITY			STATE									
	OF PRESENT MARRIAGE	F PRESENT					ADOPT	F ANY CHILD ABOVE HAS ADOPTION AND ADDRESS DATE (<i>YYMMDD</i>)				ECREE	l Zip C	Code)
3.	IF ANY CHILD(REN)	NAMED	ABOVE	AND NOT II	N LEGAL	CUSTODY O	F YO	U OR YOU	R SPC	USE, SH	IOW TH	E FOLLOV	VINC	Э.
	NAME OF CHILD (La initial)	st, first, middle initial) OF			PERSON HAVING		USTODY	support o \$		-				
					OMPLETE ADDRESS OF PERS			HAVING CL	JSTOE ZIP C		or divorc	If support of child is required by court order or divorce decree, show amount required. Specify amount per mo./yr.		
				STATE			\$							
4.	(Th	is section i	must be co	ompleted for		DEPENDENC lents other than							rs of	age.)
	NAME(S) OF DEPENDENT(S) (Last, first, middle ini				tial)			Monthly amount of my contribution \$		income from other sources 3 \$		other	Dependent's monthly living expenses \$	
	For unmarried child over 21 years of age, either physically incapacitated or mentally defective, attach a statement from a physician showing how long the child has been under his or her care and the cause and degree of incapacitation. If the child is in the custody of someone other than the member, statement signed by the custodian showing amount of member's monthly contribution, method by which contribution is made, and actual monthly living expense of the child is also required.													
5.	IF DIVORCED SHOW THE FOLLOWING:							ADDRESS OF FORMER SPOUSE						TYPE OF DECREE
	DIVORCE DECREE NAME OF COURT	DATE (YYMMDD)			STREET					Final Interlocutory				
	NAME OF PERSON (Last, first, middle init	IED (If applicable)		CITY			ST	ATE	ZIP COD	DE	Date decree is final (YYMMDD)			
6.		Have any of the above named dependents served as a member of the uniformed services or Articipated in full time training duty with pay after the date shown in item 1 above?												
7.	FIRST APPLICATIO	N	YES	NO		DATE LAS	APPLICATION FILED (YYMMDD):							
8.	IMPORTANT NOTE: Making a false statement or claim against the U.S. Government is punishable by court martial. PENALTY: The penalty for willfully making a false claim or a false statement in connection with claims: A maximum fine of \$10,000 or maximum imprisonment of 5 years or both (<i>18 U.S.C. 287-1001.</i>)						I will immediately notify the appropriate officer of any change in the dependency status of my dependents. The facts I have stated in connectio with this request are correct.							
							CUR			1	nature of service member			
	of the above named depend	I have received the attached supporting documentary evidence presented to establish dep of the above named dependents and have satisfied myself that the statements by the men true and correct.						RENT DATE Signature of reviewing officer						
					TO BE C	OMPLETED	BY US	SAFAC/AFA	AFC					
	Dependency of above	named d	ependen	t(s) has bee (YYMM	en establis			It has be	en de	termined t on the se	that the ervice m	above nan ember for t	ned the f	individual(s) is/are ollowing reasons:
1/ Ii	ndicate if step or adopted	d child		2/ Children c	only			iclude intere ward house				me and con	ıtribi	utions from others
DD	Form 137, FEB	84 (EG)			EDIT	FION OF JUN				5 1		Designed us	ing P	erform Pro, WHS/DIOR, Jan S