## AFFIDAVIT OF SUPPORT WITH THE UNITED STATES ARMED FORCES

## PRIVACY ACT STATEMENT FOR OFFICIAL USE ONLY - PRIVACY ACT PROTECTED:

Data contained in this form are subject to the Privacy Act of 1974. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties.

Deliver this form under cover of DD FORM 2923 directly to the intended recipient – do not drop off with a third party.

Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

| AUTHORITY: COMNAVMAR   |  |             | RIANASINST 1700.1              |         |     | (,                               | JRM DO  |                |               |  |
|--|--|-------------|--------------------------------|---------|-----|----------------------------------|---|----------------|---------------|--|
| ROUTINE USES: To facilitate completion of requirements associated win ationals in lieu of the Immigration and Naturalization Embassy or Consulate of the prospective alien spouse this form. |  |             |                                |         |     |                                  | (INS) Form I-134. Applicant will contact the U.S. |                |               |  |
| DISCLOSURES  | When data-filled, this form will contain Personal Identifiable Information (PII) and must be protected a per SECNAVINST 5239.3B/DOD CIO Memo of 18 AUG 06. When processing is completed, origina documents are returned to the applicant under cover of DD Form 2923; a copy is maintained in the JRM Region Admin electronic master files as per SECNAVINST 5216.8D |             |                                |         |     |                                  |   |                | ginal         |  |
| I. APPLICAN  | Γ'S GEN  | IERAL INF   | ORMATION                       |         |     |                                  |   |                |               |  |
| COUNTRY/STATE NAME C   |  | NAME OF     | F APPLICANT                    |         |     | NAME OF PROSPECTIVE ALIEN SPOUSE |   |                |               |  |
| I am a U.S. Citizen  |  |             |                                |         |     |                                  | I am a Resident                                   | Alien of the U | J. <b>S</b> . |  |
| By Birth   |  |             | By Naturalization              |         |     |                                  |   |                |               |  |
| DATE OF BIRTH  |  |             | DATE, NAME & LOCATION OF COURT |         |     | DATE AND PLACE OF REGISTRATION   |   |                |               |  |
| PLACE OF BIRTH   |  |             | CERTIFICATE OF NATURALIZATION  |         |     | ALIEN REGISTRATION NUMBER        |   |                |               |  |
| BRANCH OF SERVICE  |  |             | DATE AND PLACE OF ENLISTMENT   |         |     | CURRENT COMMAND                  |   |                |               |  |
| PERIODS AND LO   | OCATION  | IS OF SERVI | CE                             |         |     |                                  |   |                |               |  |
|  |  |             |                                |         |     |                                  |   |                |               |  |
| II. APPLICAN   | T'S FIN  | ANCIAL IN   | IFORMATION                     |         |     |                                  |   |                |               |  |
| PAY ENTITLEM   | IENTS  |             |                                |         |     |                                  |   |                |               |  |
| BASE PAY   | E PAY OHA  |             | BAS COLA                       |         |     | OTHER (SPECIFY):                 |   |                |               |  |
| FULL SUPPORT   | PROVIDE  | D TO THE F  | OLLOWING FAMILY                | / MEMBE | RS: |                                  |   |                |               |  |
| NAME R   |  | REL         | ATIONSHIP                      | NAME    |     | RELAT                            | IONSHIP   |                |               |  |
|  |  |             |                                |         |     |                                  |   |                |               |  |
|  |  |             |                                |         |     |                                  | , , , , , , , , , , , , , , , , , , ,             |                |               |  |
|  |  |             |                                |         |     |                                  |   |                |               |  |

## PRIVACY ACT STATEMENT FOR OFFICIAL USE ONLY – PRIVACY ACT PROTECTED: **DEBTS AND ASSETS: DEBT TYPE** AMOUNT ASSET ITEM: VALUE III. APPLICANT'S AFFIDAVIT AND CERTIFICATION In the event my prospective alien spouse is granted an immigrant Visa to apply for admission to the United States of America for permanent residence, I fully agree to assume my responsibilities to provide support for him/her and his/her family members wherever I may be stationed. I have reviewed and understand MILPERSMAN 1745-030 and I have sufficient funds to defray the expenses of marriage, appropriate visas, and transportation of my prospective alien spouse and family members to the Unites States at my personal, non-reimbursable expense if necessary. The purpose of this affidavit is to acknowledge full support and dependency of the prospective alien spouse listed above and to guarantee s/he will not become a public charge of the United States of America. PRINTED NAME OF APPLICANT SIGNATURE DATE IV. NOTARIZATION