Register online (http://www.sss.gov) or complete this form.

SELECTIVE SERVICE SYSTEM REGISTRATION FORM

DO NOT WRITE IN THIS SPACE

PRINT ONLY IN <u>BLACK INK</u> AND IN <u>CAPITAL LETTERS ONLY</u>

1 DATE OF BIRTH: (MM-DD-YYYY) ☐☐ – ☐☐ – ☐☐☐☐

2 SEX: (Mark with "X") ☐ Male ☐ Female

3 SOCIAL SECURITY ACCOUNT NUMBER ☐☐☐ – ☐☐ – ☐☐☐☐

4 LAST NAME

SUFFIX: (Mark with "X") ☐ JR ☐ III   OTHER SUFFIX

FIRST NAME & MIDDLE NAME

5 CURRENT MAILING ADDRESS: STREET ADDRESS & APARTMENT NUMBER

CITY   STATE   ZIP CODE

6 TODAY'S DATE: (MM-DD-YYYY) ☐☐ – ☐☐ – ☐☐☐☐

7 I AFFIRM THE FOREGOING STATEMENTS ARE TRUE

SIGNATURE   **INT**

SSS FORM 1M (FEB 08)   OMB APPROVAL 3240-0002

... CUT OFF THIS PORTION BEFORE MAILING ...

How To Complete This Form: Print Your Information in *BLACK INK* and in *CAPITAL LETTER ONLY*.

Block 1: Print your date of birth. Use a two number designation for the month and day and use a four-number designation for the year.

Block 2: Place an "X" in the correct box.

Block 3: If you have a Social Security Number, it is mandatory that you include this information. If you don't have one, leave this block blank.

Block 4: Print your full legal name as outlined on the card. Include any suffix in the designated box.

Block 5: Print your current mailing address as outlined on the card. Use the two-letter State abbreviation and enter your ZIP code.

Block 6: Enter today's date. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 7: Sign your name in this box.

Mail this form to:

Selective Service System
P.O. Box 94732
Palatine, IL 60094-4732