


INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM
12.912(a),
MEMORANDUM FOR CERTIFICATE OF MILITARY SERVICE

When should this form be used?

This form should be used if you **DO NOT KNOW** whether the other party 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 other party **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**,  Florida Supreme Court Approved Family Law Form 12.912(b), for additional information.

COASTGUARD: U.S. Coast Guard Commander (CGPC-ADM-3), Coast Guard Personnel Command, 2100 2nd St., S.W., Room 1616, Washington, D. C. 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, D. C. 20370-0216, Phone: (703) 614-5011 or (703) 614-9221


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

PUBLIC HEALTHSERVICE: 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**,  Florida Supreme Court Approved Family Law Form 12.912(b), for filing with the clerk.

Special notes...

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

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, D. C. 20593
() AFPC MSIMDL, 550 C Street, W., Suite 50, Randolph AFB, TX 78150-4752
() BUPERS, PERS 02116, 2 Navy Annex, Washington, D. C. 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 Respondent} _____ *{Respondent's Social Security Number}*

This case involves a family 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 Petitioner

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 petitioner, fill out this form.