

NOTARY SERVICE WORKSHEET

(TO BE USED WHEN NOTARIZING DOCUMENTS NOT DRAFTED BY THE RLSO)

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 DOD ID NUMBER PRINCIPAL PURPOSE(S): Obtain personal information to prepare legal document(s). **ROUTINE USE (S):** Information provided will be used by legal assistance personnel (attorneys, legalmen, paralegals and clerical staff) to prepare power(s) of attorney requested by the individual providing the information.

MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of DoD ID Number is voluntary and there will be no adverse consequence from refusal to disclose; however, an individual may be requested to establish eligibility for services by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit this Command's ability to provide assistance.

Your Name (Last, First, MI):		Maiden (if applicable)		DoD ID Number (if known):	
Sex: (circle one) M F		Date of Birth: DD ____ MMM ____ YYYY ____		Branch of Service: (circle one) USN USA USAF USCG USMC DoD	
Rank/Rate:	Pay Grade:	Eligibility: (circle one) <i>Office Staff: Reference JAGMAN Ch. 7 for details on legal assistance eligibility and consult with your supervisor</i>			EAOS:
		Active Duty Dependent of Active Duty Member Retiree Dependent of Retiree Reservist(inactive/drilling) DOD Civilian 20/20/20 Spouse			

Command: _____ **UIC:** _____

YOUR Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone: _____ **Cellular:** _____

Work: _____ **Email:** _____

NOTARIAL SERVICES BEING REQUESTED FOR THE FOLLOWING:

- | | |
|---|---|
| <input type="checkbox"/> Background Investigation
<input type="checkbox"/> Beneficiary Designation Form
<input type="checkbox"/> Child Day Care Center Form
<input type="checkbox"/> Insurance (Life/Property) Claim Form
<input type="checkbox"/> Passport Application
<input type="checkbox"/> Power of Attorney
<input type="checkbox"/> Real Estate Closing Documents
<input type="checkbox"/> Real Estate Quit Claim Deed
<input type="checkbox"/> Deed of Transfer
<input type="checkbox"/> Release of Liability | <input type="checkbox"/> Birth Certificate Request Form
<input type="checkbox"/> Death Certificate Request Form
<input type="checkbox"/> Duplicate Auto Title Request Form
<input type="checkbox"/> Marriage License Request Form
<input type="checkbox"/> Travel Permit Form
<input type="checkbox"/> SCRA Affidavit
<input type="checkbox"/> SBP Waiver
<input type="checkbox"/> TSP
<input type="checkbox"/> Other _____ |
|---|---|

Your Signature: _____

Today's Date: _____