

IN THE CIRCUIT COURT OF THE EIGHTEENTH 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.