STATEMENT OF ECCLESIASTICAL ENDORSEMENT

OMB Number 0704-0190
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Oct 31, 2014

The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Suite 02G09, Alexandria, VA 22350-3100 (0704-0190). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO CHIEF OF CHAPLAINS (ITEM 2).

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 136, 533(a)(1), 643, 827, 3353(a)(1), and 5600(a)(1); DoD Directive 1304.19; DoD 1304.28; and E.O. 9397, as amended (SSN).
PRINCIPAL PURPOSE(S): The information collected on this form is used to verify the professional and ecclesiastical qualifications of Religious Ministry Professionals for initial appointment or chaplains change of career status appointments as chaplains in the Military Services. This form is an essential element of a chaplain's professional qualifications and will become part of a chaplain's military personnel record. Completed forms are covered by recruiting and official military personnel file SORNs maintained by each of the Services.
ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.
DISCLOSURE: Voluntary. However, failure to provide the requested information may significantly delay the processing of this endorsement.

1. FROM *(To be completed by Endorsing Agent)*

a. TYPED OR PRINTED NAME OF RELIGIOUS ORGANIZATION GRANTING RELIGIOUS MINISTRY PROFESSIONAL ENDORSEMENT	**b. DATE OF CURRENT INTERNAL REVENUE CODE (IRC) 501(c)(3) EXEMPT STATUS**	**c. EMPLOYER IDENTIFICATION NUMBER (IRC)**	
	d. TELEPHONE *(Include Area Code)*	**e. FAX NUMBER** *(Include Area Code)*	
f. ADDRESS. (1) STREET *(Include apartment or suite number)*	**(2) CITY**	**(3) STATE**	**(4) ZIP CODE**
g. E-MAIL ADDRESS	**h. WEB SITE**		

2. TO

a. CHIEF OF CHAPLAINS *(X appropriate block)*	☐ **(1) ARMY**	**b. ADDRESS. (1) STREET** *(Include apartment or suite number)*		
	☐ **(2) NAVY**	**(2) CITY**	**(3) STATE**	**(4) ZIP CODE**
	☐ **(3) AIR FORCE**			

3. PROSPECT INFORMATION. a. IS THIS AN INITIAL ENDORSEMENT? *(X one)* → ☐ **YES** ☐ **NO**

b. TYPED OR PRINTED NAME *(Last, First, Middle Initial)*	**c. SOCIAL SECURITY NUMBER**	**d. TELEPHONE** *(Include Area Code)*	
e. ADDRESS. (1) STREET *(Include apartment or suite number)*	**(2) CITY**	**(3) STATE**	**(4) ZIP CODE**
f. E-MAIL ADDRESS			

g. NUMBER OF YEARS OF PROFESSIONAL MINISTRY EXPERIENCE PROSPECT HAS COMPLETED	**h. NUMBER OF MONTHS OF PRIOR ACTIVE MILITARY SERVICE PROSPECT HAS COMPLETED**
	(1) OFFICER / **(2) ENLISTED**

i. APPLICATION IS FOR *(X one)*	☐ **(1) RESERVE** *(Non-Active Duty)*	☐ **(4) EXTENDED ACTIVE DUTY** *(Indefinite)*	
	☐ **(2) NATIONAL GUARD**	☐ **(5) REGULAR COMMISSIONED OFFICER**	
	☐ **(3) INITIAL ACTIVE DUTY** *(3 years)*	☐ **(6) RESERVE (AGR)**	

4. ECCLESIASTICAL ENDORSING AGENT *(To be completed by Endorsing Agent)*

a. AS THE ECCLESIASTICAL ENDORSING AGENT AUTHORIZED TO REPRESENT
(Name of religious organization) (Item 1) _____,
I HEREBY VERIFY THE ABOVE PROSPECTIVE CANDIDATE TO BE PROFESSIONALLY QUALIFIED AS A RELIGIOUS MINISTRY PROFESSIONAL FOR THE MILITARY CHAPLAINCY.

b. TYPED OR PRINTED NAME *(Last, First, Middle Initial)*	**c. E-MAIL ADDRESS**		
d. ADDRESS. (1) STREET *(Include apartment or suite number)*	**(2) CITY**	**(3) STATE**	**(4) ZIP CODE**
e. TELEPHONE *(Include Area Code)*	**f. FAX NUMBER** *(Include Area Code)*	**g. SIGNATURE**	**h. DATE SIGNED** *(YYYYMMDD)*

5. COMMENTS