

FROM:

TO:

THE SERVICE MEMBER LISTED HEREON HAS BEEN ORDERED TO YOUR COMMAND

NAME	RANK/RATE	SSN
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MARITAL STATUS	WILL DEPENDENT ACCOMPANY SERVICE MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	SEX AND AGES OF DEPENDENT CHILDREN (F for female, M for male)								
		SEX								
		AGE								

CURRENT MAILING ADDRESS

LEAVE ADDRESS

ESTIMATED DETACHMENT DATE	ESTIMATED ARRIVAL DATE YOUR COMMAND	MODE OF TRAVEL	INITIAL PERMANENT ASSIGNMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
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SPONSOR

REQUIRED DESIRED NOT DESIRED

OTHER INFORMATION
