

## **DEPENDENT STATEMENT**

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### **STATEMENT ON FMF SERVICE (APPLICANT)**

“I understand that I \_\_\_\_\_ am eligible for worldwide Fleet Marine Force (FMF) service without my dependent (s) accompanying me”

### **STATEMENT ON FMF SERVICE (SPOUSE)**

“I \_\_\_\_\_ understand that \_\_\_\_\_, is eligible for worldwide Fleet Marie Force (FMF) service without his / her dependent (s) accompanying him/her.”

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Spouse Signature/Date

\_\_\_\_\_  
Marine Rep Signature/Date