DEPENDENT STATEMENT

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