STATE	MENT - EVIDENCE OF C	ITIZENSHIP STATUS	
For use of this form, see A	R 135-101; the proponent agency	y is The Office of The Surgeon Gene	eral
APPLICANT			
	Typed Name; last, first, middle)		
for appointment and assignment to	the		
		(AMEDD Branch)	
NOTE: Individuals not cir indicated in 1, 2, a U.S. Army or a N	or 3 below, as appropriat	es by birth will submit a st te, which is signed by an of	
1. NONCITIZENS WHO HAVE DE THE UNITED STATES:			
I have, this date, seen the original A	lien Registration Receip	t Card, Form No. 1-151, be	earing No
issued to(Name)		On(Date)
DATE	SIGNATURE (Officer of the	,	,
22			
2. CITIZENS BY NATURALIZAT	ION:		
I have this date seen the original cert	rificate of citizenship, No	D	(or certified copy
of the court order establishing citize	nship) stating that	(2)	
was admitted to United States citize.	nship by the court of _	(Name)	
at		on	
(City and State)		(Date)	
DATE	SIGNATURE (Officer of the	Army or Notary Public)	
	Signation 2 (o), iter of the	12.11, 6. 110.2., 1. 10.1.,	
3. CITIZENS THROUGH NATURA	ALIZATION OF PAREN	TT:	
I have this date seen the original certificate of citizenship, No.		D	issued to
	, ,		on and Naturalization
(Name) Service, Department of Justice, stating that		ac	quired citizenship on
Service, Department of vactice, etail	(Nan	ne of Applicant)	
(Date)			
DATE	SIGNATURE (Officer of the	Army or Notary Public)	
	1		