

Register online (<http://www.sss.gov>)
or complete this form.

SELECTIVE SERVICE SYSTEM REGISTRATION FORM

DO NOT WRITE IN THIS SPACE

PRINT ONLY IN BLACK INK AND IN CAPITAL LETTERS ONLY

1 DATE OF BIRTH: (MM-DD-YYYY) - -

2 SEX: (Mark with "X") Male Female

3 SOCIAL SECURITY ACCOUNT NUMBER - -

4 LAST NAME

FIRST NAME & MIDDLE NAME

SUFFIX: (Mark with "X") JR III OTHER SUFFIX

5 CURRENT MAILING ADDRESS: STREET ADDRESS & APARTMENT NUMBER

CITY STATE ZIP CODE

6 TODAY'S DATE: (MM-DD-YYYY) - -

7 I AFFIRM THE FOREGOING STATEMENTS ARE TRUE

SIGNATURE **INT**



SSS FORM 1M (FEB 08)

OMB APPROVAL 3240-0002

... CUT OFF THIS PORTION BEFORE MAILING ...

How To Complete This Form: Print Your Information in **BLACK INK** and in **CAPITAL LETTER ONLY**.

Block 1: Print your date of birth. Use a two number designation for the month and day and use a four-number designation for the year.

Block 2: Place an "X" in the correct box.

Block 3: If you have a Social Security Number, it is mandatory that you include this information. If you don't have one, leave this block blank.

Block 4: Print your full legal name as outlined on the card. Include any suffix in the designated box.

Block 5: Print your current mailing address as outlined on the card. Use the two-letter State abbreviation and enter your ZIP code.

Block 6: Enter today's date. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 7: Sign your name in this box.

Mail this form to:

Selective Service System
P.O. Box 94732
Palatine, IL 60094-4732