

Military Dependent and Proof of Pregnancy Verification Statement

Service Members Rank and Full Name:	
	(Rank, Last, First)
Command Information:	
	(Unit and Telephone Number)
Command Contact Information:	
	(Name and E-Mail Address)
I understand that by submitting this information (OSOAmil) is not obligated to assist my depend	a, I am disclosing all information voluntarily and Operation Showers of Appreciation dents based on my military status.
I certify that	
(Expectant Mothers Name	e)
☐ is the expectant mother ☐ expectant mother is my spouse ☐ expectant mother is my fiancé ☐ The child is my dependent and I a	am not currently married to the expectant mother
is the service member/my spouse/my fiancé/exp	pecting my dependent, and is in fact pregnant at this time.
assistance by Operation Showers of Appreciation my knowledge. Falsification of forms for which items will be reindividual/organization found to be engaging in terminated. Furthermore, I understand that I are any gifts are received that the military family do given to another military expecting mom who come	by my command representative and me prior to being placed on any list for on (OSOAmil). I certify that all information disclosed above is true to the best of eccived for activities on behalf of OSOAmil will not be tolerated. Any the falsification of forms, will have their relationship with OSOAmil immediately must permitted to return or sell any items donated to my family by OSOAmil. If the permitted or want they are to contact OSOA immediately so that those gifts can be could use them. Actions will be undertaken to determine the amounts of items that ations and restitution of said funds will be sought.
	(OSOAmil) to use my comments and photos for marketing purposes and
Service Member Print Name (Rank, Last, First)	Command Representative or FRO E8 or above Print Name (Rank, Last, First)
Signature	Signature
Date	Date
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