

STATEMENT OF ECCLESIASTICAL ENDORSEMENT

OMB No. 0704-0190
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The public reporting burden for this collection of information, 0704-0190, is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO CHIEF OF CHAPLAINS (ITEM 3).

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 136, 533(a)(1), 643, 827, 3353(a)(1), and 5600(a)(1); DoD Instruction 1304.28; and E.O. 9397, as amended (SSN).
Principle Purpose(s): To verify the professional and ecclesiastical qualifications of Religious Ministry Professionals for initial appointment or chaplains change of career status appointments as chaplains in the Military Services. This form is an essential element of a chaplain's professional qualifications and will become part of a chaplain's military personnel record.
Routine Use(s): See the individual military personnel file system of records notices, located at: Army (<https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf>); Navy (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/>); Marine Corps (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/>); Air Force (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569821/f036-af-pc-c/>); and Coast Guard (<http://edocket.access.gpo.gov/2008/E8-29793.htm>)
Disclosure: Voluntary; however, failure to provide the requested information may significantly delay the processing of this endorsement.

1. ECCLESIASTICAL ENDORSING AGENT (Complete entire form)

a. AS THE ECCLESIASTICAL ENDORSING AGENT AUTHORIZED TO REPRESENT (Name of religious organization) (Item 4a)
 _____, I HEREBY VERIFY THAT THE PERSON INDICATED IN SECTION 2, BELOW, IS CREDENTIALLED AND QUALIFIED FOR AN APPOINTMENT WITHIN THE MILITARY CHAPLAINCY (as indicated in blocks 2(j) and 2(k)) IN ACCORDANCE WITH THE STANDARDS CONTAINED IN DODI 1304.28. (Date of agent authorization - YYYYMMDD:)

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)		c. E-MAIL ADDRESS	
d. ADDRESS. (1) STREET (Include apartment or suite number)		(2) CITY	(3) STATE (4) ZIP CODE
e. TELEPHONE (Include Area Code)	f. FAX NUMBER (Include Area Code)	g. SIGNATURE	
		h. DATE SIGNED (YYYYMMDD)	

2. PROSPECT INFORMATION. a. IS THIS AN INITIAL ENDORSEMENT? (X one) YES NO

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)		c. SOCIAL SECURITY NUMBER (Last 4)		d. TELEPHONE (Include area code)	
e. ADDRESS. (1) STREET (Include apartment or suite number)		(2) CITY		(3) STATE (4) ZIP CODE	
f. E-MAIL ADDRESS			g. DATE OF BIRTH (YYYYMMDD)		
h. NUMBER OF YEARS OF PROFESSIONAL MINISTRY EXPERIENCE PROSPECT HAS COMPLETED		i. NUMBER OF MONTHS OF PRIOR ACTIVE MILITARY SERVICE PROSPECT HAS COMPLETED			
		(1) OFFICER		(2) ENLISTED	
j. SOURCE OF ORDINATION/PROFESSIONAL CREDENTIALS			k. DATE OF ORDINATION/PROFESSIONAL CREDENTIALS (YYYYMMDD)		

I. APPLICATION IS FOR (X one)

<input type="checkbox"/> (1) CHAPLAIN CANDIDATE	<input type="checkbox"/> (4) ACTIVE DUTY (Navy Only: X (a) or (b))	<input type="checkbox"/> (5) WITHDRAWAL OF ENDORSEMENT
<input type="checkbox"/> (2) RESERVE	<input type="checkbox"/> (a) Initial Active Duty - 3 Years	<input type="checkbox"/> (6) RESERVE (AGR)
<input type="checkbox"/> (3) NATIONAL GUARD	<input type="checkbox"/> (b) Extended Active Duty - Indefinite	

3. TO

a. CHIEF OF CHAPLAINS (X appropriate block)		b. ADDRESS. (1) STREET (Include apartment or suite number)	
<input type="checkbox"/> (1) ARMY <input type="checkbox"/> (2) NAVY	(2) CITY		(3) STATE (4) ZIP CODE
<input type="checkbox"/> (3) AIR FORCE			

4. FROM

a. TYPED OR PRINTED NAME OF RELIGIOUS ORGANIZATION GRANTING RELIGIOUS MINISTRY PROFESSIONAL ENDORSEMENT		b. DATE OF CURRENT INTERNAL REVENUE CODE (IRC) 501(c)(3) EXEMPT STATUS (YYYYMMDD)		c. EMPLOYER IDENTIFICATION NUMBER (IRC)	
		d. TELEPHONE (Include Area Code)		e. FAX NUMBER (Include Area Code)	
f. ADDRESS. (1) STREET (Include apartment or suite number)		(2) CITY		(3) STATE (4) ZIP CODE	
g. E-MAIL ADDRESS			h. WEB SITE		

5. COMMENTS