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- From: Commandant of the Marine Corps To: Distribution List
- Subj: DEPENDENCY DETERMINATION AND BASIC ALLOWANCE FOR HOUSING (BAH) MANUAL
- Ref: (a) DODFMR 7000.15-R, Volume 7, Part A
 (b) MCO P5800.16A W/Change 1-3, Chapter 15, LEGADMINMAN
 (c) MCO P1080.39B, AIMMS
 (d) MCO P1080.40C, MCTFSPRIM
 (e) MCO P5512.11C, IDCARDMAN
 (f) MCO P5511.2B, PRIVACY ACT OF 1974
 (g) DFAS P2220.31-R

Encl: (1) LOCATOR SHEET

1. <u>Purpose</u>. To provide guidance and instructions for the submission of applications for dependent determination of eligibility and BAH for Marines with dependents, and related matters, per references (a) through (g).

2. Cancellation. MCO P1751.3E.

3. <u>Summary of Revision</u>. This Manual has been revised and retitled. It contains a substantial number of changes and must be reviewed in it's entirety. It also changes the occasions and procedures for submission of applications and accompanying documentation requirements.

4. <u>Recommendations</u>. Submit recommendations concerning dependency determination and entitlement to BAH procedures to the CMC (MRP-1) via the appropriate chain of command.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited MCO P1751.3F 24 Dec 03

- Subj: DEPENDENCY DETERMINATION AND BASIC ALLOWANCE FOR HOUSING (BAH) MANUAL
- 5. <u>Certification</u>.
 - a. This Manual is effective the date signed.

b. This Marine Corps Manual is applicable to the Marine Corps Total Force.

RRY L. PARKS G

Deputy Commandant for Manpower and Reserve Affairs

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INTRODUCTION

0000. <u>AUTHORITY</u>. Under 37 U.S.C. 401, a member of the Armed Forces who is entitled to basic pay is entitled to BAH when the Government does not provide adequate family quarters for the member and the member's dependents. If a member does not have a dependent as defined in reference (a), the member may be entitled to BAH at the "without-dependent" rate. If a member has one or more dependents, the member may be entitled to BAH Without Dependents and BAH DIFF when monthly child support is paid. BAH DIFF entitlement is based on child support only.

0001. <u>ELIGIBILITY</u>. Reference (a) contains information relative to eligible dependents and those considered eligible for BAH purposes. Eligible dependents include spouse, parent(s), parent(s)-in-law, stepparent(s), adoptive parent(s), in loco parentis, legitimate child(ren), stepchild(ren), incapacitated child(ren), adopted child(ren), pre-adopted child(ren), child(ren) from the age of 21 to the date of their 23rd birthday who are enrolled in a full-time course of study in an institution of higher education, dependent child(ren), and court appointed wards.

0002. <u>COMMANDING OFFICERS</u>. Commanding officers are defined by this Manual as those officers who are responsible for the input of information into the Marine Corps Total Force System (MCTFS) by the assignment of a reporting unit code.

0003. <u>NONELIGIBLE DEPENDENTS</u> The following are noneligible dependents for BAH purposes:

1. Divorced spouse of the Marine, regardless of whether alimony was awarded.

2. A child not related to the Marine by blood or marriage, unless adopted by the Marine.

3. A stepchild after divorce of the Marine from the natural parent, unless adopted by the Marine. (NOTE: The relationship of the stepchild(ren) does not dissolve upon the death of the natural parent if the stepchild remains in the Marine's household.)

4. A Marine's child who is adopted by a third party.

5. Brothers, sisters, aunts, uncles, grandparents, or any other relative, unless such a relative qualifies as a court-appointed ward or stood "in loco parentis" for a minimum of 5 consecutive years prior to the Marine becoming 21 years of age.

6. Stepparent after divorce from the natural parent, unless an "in loco parentis" relationship exists. (NOTE: The relationship of the stepparent does not dissolve upon the death of the natural parent if the stepparent remains financially dependent upon the member for over 50 percent monthly support and the stepparent does not remarry.)

7. A dependent supported and claimed for BAH purposes by another U.S. servicemember.

8. Another active duty member of the Armed Forces, a Dependency Application, NAVMC Form 10922, is not required when a Marine is married to another active duty member of the Armed Forces and no other dependents are involved.

9. A disabled child, unmarried, and over the age of 21 may be eligible for other benefits only if incapacity was incurred prior to attainment of that age, and the child is, or was at the time of the members death, dependent upon the sponsor for more that 50 percent of the child's support.

0004. <u>DETERMINING ENTITLEMENT TO BAH</u>. Reference (a) designates the authority for determining relationship or dependency for BAH. The provisions of the Department of Defense Financial Management Regulation (DODFMR) must be strictly followed to prevent the erroneous payment of Government funds, and the undue hardship on the Marine resulting from recoupment of overpayments.

0005. WAIVER OF THE REQUIREMENT TO SUPPORT DEPENDENT SPOUSE SUBSEQUENT TO <u>RECEIPT OF BAH.</u> Reference (b) at Chapter 15 established the Marine Corps policy regarding the financial support of family members. It also provides a process whereby a Marine may request a modification of the spousal support standards established therein. Marines are obligated to support all of their lawful dependents when that Marine is receiving BAH. BAH entitlement is contingent on the Marine providing adequate support to dependents. If a Marine believes that the spouse no longer warrants support, the commanding officer, on behalf of the Marine, may request a waiver of the requirement from the General Court Martial authority. 0006. <u>COMPLAINTS OF NONSUPPORT AND INADEQUATE SUPPORT OF DEPENDENTS</u>. Complaints alleging inadequate support of family members shall be directed to the commanding officer of the Marine concerned in accordance with the provisions of Chapter 15 of reference (b). Generally, proof of support of a lawful spouse or child of a member is not required. However, when evidence (e.g., special reports; record reviews; fraud, waste and abuse complaints; sworn testimony of individuals; or statements by member) or complaints from dependents of nonsupport or inadequate support are received, proof of adequate support will be required. Note that failure to provide adequate support to a dependent on whose behalf BAH is being received, may render the Marine ineligible for BAH under applicable regulations. See Department of Defense Financial Management Regulation (DoDFMR), Paragraph 260406.B.

0007. WAIVER OR DECLINATION OF SUPPORT. The submission of a written statement by a lawful spouse waiving or declining support for himself/ herself and child(ren) will be considered sufficient authority to terminate credit for BAH. The issue of support waivers is addressed in Chapter 15 of reference (b).

CHAPTER 1

MEMBER'S SPOUSE AND CHILDREN/WARDS

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CHAPTER 1

MEMBER'S SPOUSE AND CHILDREN/WARD

1000. <u>GENERAL INFORMATION</u>. Officers may certify their entitlement to BAH by signing the Dependency Application, NAVMC Form 10922, as both the claimant and the attesting officer. Officers are only required to submit supporting documents in substantiation of their entitlement when claiming: dependent parents, adoptive parents, parents-in-law, in loco parentis, stepparents, wards, unmarried children from the age of 21 to the date of their 23rd birthday enrolled in a full-time course of study in an institution of higher education, a dependent certified incapacitated by competent officials, and a divorce obtained in a foreign nation. Forward questionable claims to the CMC (MRP-1). Appropriate diary action will be accomplished by the CMC (MRP-1) on those dependents approved at the CMC level. All other diary action will be accomplished by the command.

1001. APPROVAL LEVEL OF ACCEPTABLE FORMS OF MARRIAGE

1. <u>United States Ceremonial Marriages</u>. Commanding officers may approve a NAVMC Form 10922 involving a marriage contracted within the United States, or its territories by a legal civil or religious ceremony. The marriage certificate must be viewed by the attesting officer. In no case is the commanding officer authorized to disapprove a NAVMC Form 10922.

2. Foreign Marriages. Commanding officers may approve a NAVMC Form 10922 involving a marriage contracted in a foreign country, after the attesting officer views the translated marriage certificate. In all cases requiring a dependency determination, an English translation of the marriage certificate will be forwarded to the CMC (MRP-1), with the NAVMC Form 10922. For further assistance, the Marine should seek advice from their local Legal Assistance Office (JA).

3. <u>Indian Tribunal Marriages</u>. In states which recognize Indian tribal law and custom, such marriages and divorces are acceptable provided both were members of Indian tribes. Indian tribes are recognized by the Government as distinct political entities. Tribal marriages and divorces are not recognized for persons who do not live as part of the tribe or on a reservation. Even though someone may be of Indian blood, they are otherwise governed by the law of the state of their domicile. A NAVMC Form 10922, for an Indian tribal marriage must be forwarded to the CMC (MRP-1) for determination and/or approval.

4. <u>Common-Law Marriages</u>. A common-law marriage is an informal marriage recognized as valid in some states and in some foreign countries. For a common-law marriage to be valid, three required documents must be provided:

a. a present mutual intent of the parties to contract a marriage;

b. proof of cohabitation; and

c. a representation to the public by the parties that they are husband and wife.

A common-law marriage, if valid where contracted, is valid elsewhere. Cohabitation alone will not create a common-law marriage. A NAVMC Form 10922, with supporting documentation, must be forwarded to the CMC (MRP-1) for determination and/or approval.

5. <u>Proxy and Telephone Marriages</u>. A proxy marriage is one in which agents or proxies act for one or both parties, during the marriage ceremony. A telephone marriage is a type of proxy marriage. Although such marriages have been held valid by the courts of several states, they will not be accepted as creating the relationship of husband and wife. The validity of such marriage is too doubtful under the decisions of the Comptroller General of the United States.

a. If the parties to a proxy or telephone marriage subsequently live together, in a state of the United States, or in a country that recognizes common-law marriage, they may establish a valid common-law marriage.

b. Pursuant to provisions of 37 U.S.C. 401, if a civil court of competent jurisdiction has found a proxy or telephone marriage to be valid, NAVMC Form 10922, must be forwarded to the CMC (MRP-1), for determination and/or approval.

6. <u>Void Marriage</u>. A marriage is valid only if both parties are legally qualified to contract a marriage. If one or both parties have another lawful living spouse, if closely related by blood, or if the parties leave their state or country to evade the marriage laws of their domicile, it is impossible for the parties to contract a valid marriage. Bigamy is prohibited.

7. <u>Voidable Marriage</u>. Many states and countries prohibit marriage because of underage, insanity, physical incapacity, certain diseases, fraud, duress, or mistake. Such marriages are null and void. They may be annulled, as determined by the laws of the various states and countries, upon petition of one of the parties. Such marriages require a decree of annulment and a complaint of annulment to affect their dissolution. A change in dependency because of an annulled marriage will be submitted to the CMC (MRP-1) for determination on the validity of the marriage and for validation of allowances received.

1002. DIVORCE

1. <u>United States Divorces</u>. When a Marine or the spouse has been previously married and the divorce was granted in the United States or its territories, NAVMC Form 10922 may be approved by the commanding officer for dependents not requiring a dependency determination by the CMC (MRP-1). Divorce decrees granted in the United States are usually effective to dissolve the marriage on the date the final decree is entered. Because laws of the states pertaining to the effective date of judgments vary, care must be exercised in determining the effective date of a final divorce decree. No subsequent marriage is valid unless the date of the final divorce is prior to the date of the subsequent marriage.

2. <u>Foreign Nation Divorce</u>. When a Marine or a spouse has been previously married and the divorce granted is from a foreign nation, NAVMC Form 10922 must be submitted to the CMC (MRP-1) for determination, with a copy of the English translation of the divorce decree attached.

a. The following statement must then be made in the certification section of the NAVMC Form 10922: "I certify that validation of this marriage occurred at (NAME, COURT and LOCATION) on (DATE) as the basis for my entitlement to BAH as claimed and a copy of the validation papers are attached."

b. Such validations may be extremely complicated. To ensure proper entitlement, the validation order itself may have to be examined. If one of the parties to a foreign nation divorce was domiciled in the foreign nation at the time the divorce action commenced, the court validation requirement is not necessary; however, in the certification section of the application, the officer must state the party who was domiciled in the foreign country when the divorce action commenced. In this case, "I certify that (FULL NAME OF PARTY DOMICILED IN THE FOREIGN NATION) was living at (COMPLETE ADDRESS) at the time of the foreign divorce, and had been living at that address since ______"." should be placed in the certification section.

Such additional information is required to determine the validity of c. a foreign divorce. Commanding officers should request competent legal review of any BAH application involving a foreign nation divorce prior to submission to the CMC (MRP-1) for determination. (NOTE: CMC (JA) provides legal advice and recommendations on applications for dependency benefits following a foreign divorce. Under reference (a), an application for dependency that involves remarriage of a servicemember following a foreign nation divorce is characterized as a case of 'doubtful relationship.' This section provides that such a divorce may or may not be recognized as valid in the United States, depending on several factors, including place of residence of the parties involved, whether they appeared in person to obtain the divorce, and applicable state laws. The CMC (JA) has frequently determined that foreign divorces are of doubtful validity when a Marine applies for BAH as a result of a foreign divorce and a subsequent remarriage, unless one or both parties to the divorce were domiciled in the foreign country at the time of the divorce. The residence requirement stands even if the laws of such foreign country do not make residence or domicile a condition to it's court taking jurisdiction. Commanding officers should request legal assistance for the applicant before any dependency applications involving a foreign divorce are forwarded to the CMC (MRP-1) for determination and/or approval.)

3. <u>Support While Divorce Action Pending</u>. If a divorce action is pending between a Marine and their spouse, and no court order or mutual agreement in writing affecting the obligation of the Marine to support their spouse and child(ren) had been granted or entered into, the spouse and child(ren) will be considered to be eligible dependents.

a. In the event that a Marine's support obligation is reduced pursuant to Chapter 15 of reference (b), the servicemember may lose BAH entitlement pursuant to reference (a).

b. If a court order or written agreement indicates that a Marine is not obligated to support their spouse and child(ren), the Marine may terminate the dependent support.

c. A provision in a court order, or written agreement, which qualifies the obligation of a Marine to support a lawful spouse, does not, in itself, affect the minimum support requirement for a child(ren).

4. <u>Interlocutory and Decree Nisi of Divorce</u>. In an action for divorce, an interlocutory decree, a decree nisi, nor a decree containing an interlocutory clause, terminate the relationship of husband and wife until a final decree has been entered or a stipulated period of time has passed. During this waiting period, the spouse of a Marine is still the lawful

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spouse, and the same rules will be followed for spouses in this category as for spouses who are separated from a Marine by written agreements or court order.

1003. <u>CHILDREN/WARDS</u>

1. Legitimate Children. The CMC (MRP-1) must be notified immediately of any changes in status of a Marine's dependents. This notification will be made on the NAVMC Form 10922, which the Marine is responsible to institute, listing all the Marine's dependents. Upon the birth of a child, the commanding officer will approve the child as a dependent after viewing the records (i.e., birth certificate or the certificate issued by the hospital prior to receipt of the birth certificate). If a birth certificate is not immediately available, a statement issued by the hospital showing the Marine and spouse as the natural parents is considered sufficient documentation. (NOTE: In order to obtain medical coverage, a copy of the child's birth certificate or a certificate issued by the hospital, along with a copy of the marriage certificate, must be provided to the RAPIDS site for the child to be enrolled in DEERS and receive medical entitlements.)

2. Children Born Out of Wedlock. See chapter 2 of this Manual.

3. <u>Stepchildren</u>. A NAVMC Form 10922 for stepchildren may be approved by commanding officers, effective from the date of marriage or the date the stepchildren became dependent upon the stepparent, as described below, whichever is later.

a. When the member is not the natural parent, stepchild(ren) must be dependent upon the Marine for more than 50 percent of their monthly support for BAH entitlement. If the child(ren) resides in the Marine's household, the Marine is eligible for travel and transportation allowances for the stepchild(ren). (Monies received on behalf of the stepchild(ren) from savings accounts, social security, and trust funds are considered income received for the stepchild(ren).)

b. Commanding officers may approve a NAVMC Form 10922 for stepchildren after viewing: a notarized Children's Dependency Determination Affidavit Form, NAVMC Form 11346 (figure 1-1), completed by the child's custodian; a certified copy of the child's birth certificate; and the document that dissolved each prior marriage of the Marine and the spouse.

4. <u>Adopted Children</u>. A NAVMC Form 10922 for adopted children may be approved by commanding officers, effective from the date of adoption or the date the adopted children become dependent upon the adoptive parent, whichever is later. a. Adopted children must be dependent upon the Marine for more than 50 percent of their support (monies received on behalf of the adopted child from savings accounts, social security, and trust funds are considered income received for the adopted child).

b. Commanding officers may approve a NAVMC Form 10922 for adopted children after viewing a notarized NAVMC Form 11346, (figure 1-1), completed by the child's custodian; a certified copy of the adoption decree; and a certified copy of the child's birth certificate.

5. <u>WARDS/PRE-ADOPTED CHILDREN</u>. A ward/pre-adopted child who is unmarried may be claimed for BAH, travel, and transportation allowances, effective the date of the court order for residence. The following criteria must be met:

a. A court of competent jurisdiction, in the United States or Territory of the United States, has placed the person in the custody of the member either permanently or for a period not less than 12 months from the date of the order.

b. The person must be either under 21 years of age, or at least 21 years of age, but under 23 years of age who meets the criteria for a student as stated in paragraph 1003.10; or incapable of self support because of a mental or physical incapacity that occurred while the person was considered a dependent ward of the member.

c. The person must be dependent upon the member for over 50 percent of the person's support.

d. The person must reside with the member unless separated by either the necessity of military service to receive institutional care as a result of disability or incapacitation, or under such other circumstances as the Secretary concerned may by regulation prescribe.

e. The person may not be a dependent of any member under any other part of this definition.

6. <u>Pre-Adopted Children</u>. Pre-adopted children may be claimed for BAH, travel, and transportation allowances, effective the date of the court order. <u>NAVMC Form 10922</u> may be approved at the command level, supported by documents from a U.S. civil court showing the Marine's intent to adopt the child(ren), and a NAVMC Form 11346 (figure 1-1).

7. <u>Child of Spouse</u>. When the Marine is not the natural parent, the child is considered a stepchild.

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8. <u>Children Born Out of Wedlock</u>, with Subsequent Marriage of Their Natural Parents are Considered Legitimate Children

a. NAVMC Form 10922 for dependent children legitimized by marriage of their parents may be approved from the date of the marriage.

b. Commanding officers will view the child's birth certificate, the marriage certificate, and the documents dissolving any prior marriage of the Marine and spouse if applicable.

9. Incapacitated Children Who Are 21 Years of Age and Older. NAVMC Form 10922 for incapacitated children must be forwarded to the CMC (MRP-1) for a determination. Incapacitated children must be dependent upon the Marine for more than 50 percent of their support before the Marine will be eligible to receive BAH. When submitting NAVMC Form 10922, the following documents must be attached: a doctor's statement describing the incapacitation; the date the illness or injury commenced; the extent and probable duration; and a notarized NAVMC Form 11346 (figure 1-1), completed by the custodian. Annual review for dependency determination is required per ref (a).

10. <u>College Students</u>. Unmarried children from the age of 21 to the date of their 23rd birthday, enrolled in a full-time course of study in an institution of higher education, shall be considered eligible dependents for BAH when the Marine is providing more than 50 percent of his or her support. The institution shall be approved by the service Secretary concerned. When submitting a NAVMC Form 10922 to the CMC (MRP-1), the following documents must be attached: a letter from an institution of higher education stating full-time enrollment with expected date of graduation and a notarized NAVMC Form 11346 (figure 1-1).

1004. SUBMISSION AND FORWARDING OF THE DEPENDENCY APPLICATION, NAVMC FORM 10922

1. <u>Submission and Forwarding</u>. On each occasion when a dependent is gained or lost, notification must be made to the CMC. For dependency applications requiring the CMC approval, forward the completed dependency application to the CMC (MRP-1) for determination; retaining a copy in the Marine's service record book (SRB) or officer qualification record (OQR) pending return of the approved and/or disapproved dependency application. After a determination has been made, the CMC (MRP-1) will forward the original of the completed dependency application to the Marine's current command and forward a file copy to the Marine's official record. In those cases where the commanding officer has the authority to approve a dependency

application, forward a copy of the completed dependency application directly to the CMC (MMSB) for review and insertion in the Marine's official record, except for those dependency applications requiring CMC diary action. The original of the latest approved and/or disapproved dependency application shall remain in the Marine's SRB/OQR. Requests for copies of previously submitted dependency applications will be made to the CMC (MMSB).

2. <u>Missing Documentation</u>. BAH applications are not to be submitted without the supporting documentation required by this Manual. Any dependency applications submitted with missing or incomplete documentation will be disapproved and returned to the originating command. In extraordinary cases where the documentation cannot be obtained, the commanding officer or the representative should contact the CMC (MRP-1) for instructions.

1005. <u>COMMANDANT OF THE MARINE CORPS DIARY ACTION</u>. Unit diary actions for dependents requiring CMC approval/disapproval can only be accomplished by the CMC (MRP-1).

1006. <u>CHECKLIST FOR THE SUBMISSION OF NAVMC FORM 10922</u>. Figure 1-2 is a checklist for the types of dependency applications covered in this chapter. It should be used by those responsible for the preparation and review of applications prior to forwarding them to CMC (MRP-1). Those responsible for the delivery of recruits to the Marine Corps recruiting depots should use the checklist at figure 1-2 to ensure recruits with dependents have all required documentation with them when reporting to recruit training.

1007. SAMPLE FORMATS FOR SUBMITTING DEPENDENCY APPLICATIONS, NAVMC FORM 10922. Figures 1-3 through 1-16 are examples to be used as additional guides in the preparation of dependency applications.

·									
	CHILD'S NAME		DATE OF BIR	тн		CHILD'S	NAME		DATE OF BIRTH
1.					3.				
2.					4.				
	ls the natural parent (other thar es, give name, social security r					YES Not			
	ls/are child(ren) residing in the les, list the date residence begin			Marin]NO ne'sh	ousehold, explain o	on reverse.		
. I	NCOME OF ABOVE CHILD(REN	,		Ð	XPEN	SES OF ABOVE C	HILD(REN) ONL	Y	-
	ITEM	MONTHLY	YEARLY			ITEM	MONTHLY	YEARLY	-
	1. Wages or salary of					ent (Pro Rate)			-
	child(ren)					ood (Pro Rate) ilities (Pro Rate)			-
	2. Income from property,					othing			-
	stocks, bonds, invest- ments, savings or trust funds.			5	5. So	chool Expenses			_
	3. Support payments from					edical			_
	the natural parent (See NOTE below)			8	 De Mi specif 	scellaneous			
	4. Social security, VA, private pensions or insurance annuities								
	If the child(ren) is/are illegiti the questions pertain to the fur MARINES LAST NAME		•	or inco		other than the Ma		. ,	→ ward(s) of the cour GRADE
. 1	hereby swear or affirm that all	of the foregoing	statements are tru	Je.					
(SIGNATURE OF PHYSICAL CU	STODIAN)				(RELATIONSH	IP TO CHILD)		
. 5	Subscribed and duly sworn to (c 20		ne according to la (or town) of	w by t	he at		this County of	c	lay of and State of
			ommission expires						_
-						(SIG	NATURE OF NC	TARY)	
)							

YES	NO	CHECKLIST FOR THE SUBMISSION OF NAVMC FORM 10922
		1. Have all appropriate blocks on the NAVMC Form 10922 been completed as shown?
		2. Have all applicable documents been listed in the Certification Section of the NAVMC Form 10922?
		3. Have the documents been viewed and attached?
		4. For a dependent previously claimed on the NAVMC Form 10922 being submitted, does the Certification Section indicate that pertinent documents were previously viewed?
		5. Is a marriage certificate attached to the application? NOTE: A marriage license is not acceptable.
		6. Is effective date of each final divorce decree prior to the date of the marriage?
		7. If not, is there a determination document from the civil court attached that shows the marriage to be valid?
		8. Is this a divorce from a foreign nation?
		9. If so, is a copy of the determination from a civil court attached that shows the divorce is valid?
		10. Or that the Marine's marriage is valid?
		11. Is the statement required in paragraph 1002.2.b of MCO P1751.3, involving a foreign nation divorce, by either the officer or the spouse, contained in the certification section of the dependency application?
		12. Is a certified copy of each child's birth certificate attached?
		13. Has the Children's Dependency Determination Affidavit, NAVMC Form 11346, been completed by the physical custodian for the adopted child, stepchild, or child born out of wedlock?
		14. If a child born out of wedlock is involved and the Marine is not the natural parent, is a notarized statement attached? NOTE: The statement must be made and signed by the spouse, attesting to the number of times previously married and the date and manner of dissolution of each prior marriage. If not previously married, state so on the spouse's notarized statement.
		15. Has a certified copy of the adoption decree for adopted child(ren) been viewed?
		16. In ward cases, is a court order establishing guardianship for at least 12 consecutive months included?
		17. Is the parent/parent-in-law Dependency Statement, (DD Form 137-3, figure 3-1), completed and notarized and attached to the application? Has the fact that it has been cited been listed in the certification section of the application?
		18. Do all foreign nation documents have English translations attached?
		19. Have all the appropriate blocks on the affidavit form been completed?
		20. Is the affidavit form notarized, signed by a commissioned officer, or other official authorized to administer oaths?

Figure 1-2. -- Checklist for the Submission of NAVMC Form 10922.

NA۱	DEPENDENCY APPLICATION (1751) NAVMC 10922 (REV. 4-01) (EF) (Supersedes all previous editions which are				WHERE ADD	NSTRUCTIO	NECESSARY TO	REASON					
obsc	lete and		t be used)		DATE OF AF			CHANGE IN DEPENDENTS (Check one)					
					20010609			CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION			GAIN		
			E(Last, first, middle) ONZO DEAN		SSN			GRADE SGT	TY	PE OF SI	ERVICE		JSMCR
I 1.	ORGAN	IZATION	AND STATION PREPAR										NT OR
SECTION 1. NTIFICATION			MARINES 2D MAR UNE NC 28547	CDIV FMF	LANT		12	2160			0006		IVER IS
~ Z	FUTURE	ADDRESS	S AND ETA IF TRANSFE	R IS ANTICI	PATED WITHI	TED WITHIN 60 DAYS ECC 0406			DATE OF LAST DISCHARGE OR DATE OF LAST RELEAS TO INACTIVE DUTY			RELEASE	
	NO.		IE OF DEPENDENT ude full given name)		COMPLETE ADDRESS (Include Zip Code)			RELATIONSHIP			TE OF BIRTH ay, Mo., Year)	DATE ALLO CLAIMED previously a give date of	approved,
SECTION 2 DEPENDENT INFORMATION	1 ŋ	ΓΟΝΥΑ	CAROL MARINE		123 FOURTH ST JACKSONVILLE NC 28540			SPOUSI	Ŧ	(07071977	2001	0530
ENTINF	2												
IDEENDI	3												
ON 2 D	4												
SECT	5												
	6												
DIAN	Furnish the follow ing information concerning custodian of any dependent named above.												
8 CUST	DEP NO					RELATIONSHIP TO DEPENDENT				ADDR	ESS AND ZIP	CODE	
SECTION 3 CUSTODIAN INFORMATION													
-		I	NFORMATION CONCER	NING PRESE	ENT MARRIAGE HAVE		HAVE YOU BE	/E YOU BEEN PREVIOUSLY MARRIED?			HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?		
ORMAT	DATE	PLAC	E (County and State)	FULL	. GIVEN NAME OF SPOUSE			NO OF TIMES					
AND INF	2001053		O NV		CAROL GI		BELOW.				SIVE INFORMA		
POUSE	FOF MARRI	RMER AGE OF	ONCERNING DISSOLU		DATE OF	IARRIAGE OF BO	Place of di		POUSE (I	Jontinue	1	SON (Check o	
MEMBER AND SPOUSE AND INFORMATION ORT/PATER NITY	(Cheo YOUR- SELF	sPOUSE	THE DISSOLVED N		DISSOLUTIO	ло	(County a				DEATH	ANNULMENT	DIVORCE
A EMBER DRT/PA1													
RVICE N 3 SUIPO													
s of se Sarding													
.STATU REC													
4 Marital Status of Service Regarding Suff	IS THERE	A COURT	URDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE 1	O SUPPORT/MAINT	ENANCE/PATERN	ITY?			۱ <u>ــــ</u> ۱		
N 4 M		YES	IF YES, STATE DATE AN	D PLACE (cou	nty and state) W	HERE SUCH ORDEF	AGREEMENT WA	S ISSUED A	ND ATTA	СНАСС)PY.		
SECTION													
ORI	GINAL								Designe	d Using	FormFlow 2.2	2, HQMC/AR	SE, Apr 01

Figure 1-3a - Sample Format for a Marine Who Marries, No Children or Previous Marriages Involved.

NAV	/MC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, MARINE, ALONZO	first, middle) DEAN						
	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHI	ld(ren) listed ever be	EN A MEMBER OF AN	IY U.S. ARMED FORCES?							
「 と こ の に の し 、 の し 、 の し 、 、 の し 、 、 の し 、 、 の 、 、 の 、 、 の 、 の 、 、 の 、 、 の の 、 の 、 の 、 の 、 の 、 の の 、 の の 、 の の の 、 の の の の 、 の の の 、 の 、 の 、 の 、 の の 、 の の 、 の の の 、 の の の 、 の の の 、 の の の の の の の の の の の の の	YES I F YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren).										
SHOTO O	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S.	ARMED FORCES?									
	YES. IF YES, COMPLETE THE BLOCKS BELOW.										
	SSN GRADE TYPE OF SERVICE B	RANCH OF SERVICE	INCLUSIVE DAT	ES OF ACTIVE SERVICE	BAH						
ഗസാ†OZ െഗ്യാറ്റേണ് ∠ ഉദ്യ≩സ് ⊤റുന്നു	REGULAR				WITH DEPENDENTS WITHOUT DEPENDENTS BAH DIFF						
MICHICZ ~ (MICHIN)~10Z	I CERTIFY that all the above statements are true t knowledge and belief, and I consent to checkage any allow ances paid on laws and regulations. I w inform my commanding officer of any change in th status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for ill immediately he number and/or	hereon or obtaine application, to my extent necessary	ed as a result of the provided as a result of the providents of the providents of the providents of the provident of the prov	release of any information ocessing/adjudication of this or custodians thereof, to the ation of benefits, entitlements my dependents.						
1-ene			1	23 45 6789	SGT						
7 0	(Signature of Ma	arine)		Security Number)	(Grade)						
-CIII0	Subscribed and sworn 10 day of										
	(Signature and Title of attesting officer) T. J. STEWART, CWO2, USMC, PERSO										
	Document Viewed (List and attach all o	documents viewed)		Name grade of attesting officer)						
	FOR USE BY COMMAND APPROVING AUTHORITY: FORWARDED TO CMC CLAIMED COMPROVED AS CLAIMED COMPROVED AS	FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY:			BY CMC APPROVING AUTHORITY:						
	APPROVED FOR DEPENDENT NUMBERS:	NO									
¥		DATED									
Y-BOH-DA GZ-V	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS	RUC									
	ELIGIBILITY PER MCO P5512.11. CHECK ONE CHILD	ENTRIES REPORTED:									
wn⊖≓OZ∞ ≽auad	RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order	(Ensure the proper diary action taken is recorded)									
5	(Signature of commanding officer)										
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)										
	1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)										
ORIC	SINAL			Designed Using F	ormFlow 2.22, HQMC/ARSE, May 01						

Figure 1-3b - Sample Format for a Marine Who Marries, No Children or Previous Marriages Involved.

1-14

NA (Sup obso	EPENDENCY APPLICATION (1751) AVMC 10922 (REV. 4-01) (EF) upersedes all previous editions which are solete and will not be used) 4: 0109-LF-984-9800				WHERE ADD	ISTRUCTION	IECESSARY TO	REASON FOR THIS APPLICATION (CHECK ONE) G CHANGE IN DEPENDENTS (Check one)				G	
SN:	0109-L	F-984-9	800			20010609					GAIN		
			E (Last, first, middle) DNZO DEAN		SSN	123 45 6	789	GRADE SGT			L	ISMCR	
SECTION 1. NTIFICATION	1ST I	BN 6TH	AND STATION PREPAR MARINES 2D MAF UNE NC 28547		LANT			10 2160		ORTING FOR ACTIVE	ENT ENLISTMENT/APPOINTMENT OR IG FOR ACTIVE DUTY (WHICHEVER IS 000613		
2	FUTURE	ADDRESS	S AND ETA IF TRANSFE	R IS ANTICI	PATED WITHI	N 60 DAYS	ECC 040	612	DATE OF TO INACT		DISCHARGE OR DATE OF LAST RELEASE		
_	NO.		IE OF DEPENDENT ude full given name)		COMPLETE ADDRESS (Include Zip Code)			RELATIONSHIP (if child, indicate step, adopted, ward or born out of wedlock)			DATE ALLO CLAIMED previously a give date of	FROM (lf pproved,	
DEPENDENT INFORMATION	1]	TONYA	CAROL MARINE		23 FOURTH ST JACKSONVILLE NC 28540			SPOUSE	E	07071977	20010)530	
ENT INF	2												
DIEPEND	3			_									
SECTION 2	4												
SEC	5												
z	6												
ISTODIA TION	Furnish 1	he follow	ing information concern	ing cus todiar	n of any depen								
SECTION 3 CUSTODIAN INFORMATION	NO		FULL NAME OF CU	STODIAN	AN RELATIONSHIP						CODE		
-							1						
EMBER AND SPOUSE AND INFORMATION RT/PATERNTY								E YOU BEEN PREVIOUSLY MARRIED?			HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED? NO VES 1 TIMES		
0 INFORM	DATE		E (County and State)		ILL GIVEN NAME OF SPOUSE			THER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED					
SE AND		ATION C	O IN V ONCERNING DISSOLU		CAROL GF		BELOW.	AND/OR S	POUSE (Co	ntinue on separate s	heet if necess	ary)	
SPOUS	MARRI	MER AGE OF kone)	NAME OF THE SP	OUSE IN	DATEOF		Place of dis	ssolution		REA	SON (Check or	ne)	
R AND:	YOUR- SELF	SPOUSE	THE DISSOLVED M	IARRIAGE	DISSOLUTIC	DN	(County an	nd State)		DEATH	ANNULMENT	DIVORCE	
PORT/P/	Х		HEATHER FAY	MARINE	20000311	MONTER	EY CA					×	
Service ING SUR		×	JUSTIN DAVID	GRAY	20000506	MONTER	EY CA					×	
Marital status of Service M Regarding Suffo													
RITAL ST		A COURT (ORDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE T		ENANCE/PATERN	ITY?					
4		NO						0.100177					
SECTION		YES	IF YES, STATE DATE AN	D PLACE (cou	nty and state) WI	1ERE SUCH ORDER	AGR⊞MENT WA	AS ISSUED A	ND A ITACH	1 A COPY.			
	GINAL								Designed L	Jsing FormFlow 2.2	2, HQMC/AR	SE, Apr 01	

Figure 1-4a - Sample Format for a Marine Who Marries and Previous Marriages are Involved with No Children.

NA\	/MC 10922 (Rev. 4-01) (EF) Page 2		NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN								
L PARENT OF FO RCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVE	r been a member	OF ANY U.S. ARMED FORCES	?						
SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES											
ORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U	.S. ARMED FORCES?									
MED R	X NO										
EIN AR	YES. IF YES, COMPLETE THE BLOCKS BELO	W.									
POUSE	SSN GRADE TYPE OF SERVICE E	BRANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	ВАН						
SECTION 6 SPOUSE IN ARMED FORCES	REGULAR				WITH DEPENDENTS						
SECT	RESERVE				BAH DIFF						
SECTION 7 CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtained application, to mextent necessary	orm, I hereby authorize rele ed as a result of the proce y claimed dependents or o for the proper adjudicatio al obligation to support my	ssing/adjudication of this custodians thereof, to the n of benefits, entitlements						
CERTIF			1	23 45 6789	SGT						
2 NO	(Signat ure of M	arine)	(Social S	Security Number)	(Grade)						
SECTI	Subscribed and sworn 10 day of June 01										
	(Signature and Title of attesting officer) X Document Viewed (List and attach all documents viewed) T. J. STEWART, CWO2, USMC, PERSO										
	FOR USE BY COMMAND APPROVING AUTHORITY:	FOR USE BY UNIT DIARY			Name grade of attesting officer) FOR USE BY CMC APPROVING AUTHORITY:						
	APPROVED AS CLAIMED TO CMC (CODE MRP-1) FOR APPROVED AS CLAIMED DO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS	REPORTED ON UNIT D									
	APPROVED FOR DEPENDENT NUMBERS:	NO									
~		DATED									
АUTHORITY	APPROVED FOR CHILD BORN	RUC									
o ا	OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE	ENTRIES REPORTED:									
APPROVIN	CHILD RESIDES IN MEMBER'S COURT	(Ensure the pro	per diary action	taken							
8	MEMBER'S COURT HOUSEHOLD ORDER (Recertify annually) No Court Order	is recorded)									
SECTION											
	(Signature of commanding officer)										
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)										
	ISTBN 6THMAR 2DMARDIV FMFLANT										
	(Unit Designation)										
OPIC	INAL			Lesigned Using Form	Flow 2.22, HQMC/ARSE, May 01						

Figure 1-4b - Sample Format for a Marine Who Marries and Previous Marriages are Involved with No Children.

1-16

NAVMC Supersede	PENDENCY APPLICATION (1751) /MC 10922 (REV. 4-01) (EF) bersedes all previous editions which are blete and will not be used) 0109-LF-984-9800				INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION			CHANGE IN DEPENDENTS (Check one)			
JN. 0103	EI 304 30			20010609			X st	CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION			GAIN
		E(Last, first, middle) NZODEAN		SSM	123 45 6	789	GRADE SGT			_ ι	ISMCR
1ST	ORGANIZATION AND STATION PREPARING THIS APPLICATION IST BN 6TH MARINES 2D MARDIV FMFLANT CAMP LEJEUNE NC 28547					UNIT F	2160	160 DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)			
FUTUR	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITH				N 60 DAYS	ECC 04	.0612	000613 DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY			RELEASE
NO.		E OF DEPENDENT ude full given name)		COMPLETE (Include 2	ADDRESS Zip Code)	RELATIONS d, indicate ste or born out o	p,adopted,	DATE OF BIRTH (Day, Mo., Year)	DATEALLO CLAIMED f previously anno deste of ap	ROM df	
1	TONYA	CAROL MARINE		OURTH ST	NC 28540		SPOUS	Ξ	07071977	Prev aj 20010	
2	JILL ELISE MARINE SAME AS A						DAUGHT		08062000	20010	
3											
4											
5											
	h the follow i	ng information concern	ing custodiar	n of any deper	ndent named abov	e.					
DEP NO		FULL NAME OF CU	-		RELATIONSHIP TO DEPENDENT			μ	ADDRESS AND ZIP	CODE	
2	TONYA	CAROL MARINE			мот	SAME AS ABOVE					
	11	FORMATION CONCER	NING PRESE	NT MARRIAG	E	HAVE YOU B	_ [O OF		
DAT	TE PLAC	E (County and State)	FULL	GIVEN NAME	OF SPOUSE					YES	TIMES
200105		10 NV ONCERNING DISSOLU		CAROL G		BELOW.					
MAR	ORMER RRIAGE OF neck one)	NAME OF THE SP	OUSE IN	DATE OF		Place of c	lissolution		1	SON (Check or	
YOUR SELF		THE DISSOLVED N	ARRIAGE	DISSOLUTIO		(County	and State)		DEATH	ANNULMENT	DIVORCE
-											
		DRDER OR WRITTEN AGRE						ND ATTACI	H A COPY.		1
	-										

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

Figure 1-5a - Sample Format for a Marine Who Is Married and Acquires a Child by Birth.

NA	/MC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE							
ARENT OF ORCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVE	er been a member	OF ANY U.S. ARMED FORCES	3?						
NO YES IF YES, LIST ALL AVAILABLE IDENT IFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren). Sources Sources											
ECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? NO YES, IF YES, COMPLETE THE BLOCKS BELOW.										
SE IN A		W. BRANCH OF SERVICE		TES OF ACTIVE SERVICE	ВАН						
SPOU		SKANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	WITH DEPENDENTS						
SECTION 6	RESERVE				WITHOUT DEPENDENTS						
CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in status of my dependents, whether it be the gain dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtain application, to m extent necessary	orm, I hereby authorize rel ed as a result of the proce ny claimed dependents or or for the proper adjudication al obligation to support my	essing/adjudication of this custodians thereof, to the on of benefits, entitlements						
CERTIF		23 45 6789 SGT									
	(Signature of M	larine)		Security Number)	(Grade)						
SECTION 7	Subscribed and sworn day of	June 01	1	(Signature and Title of	attacting affinas)						
	Document Viewed (List and attach all documents viewed) T. J. STEWART, CWO2, USMC, PERSO										
					pe Name grade of attesting officer) FOR USE BY CMC APPROVING AUTHORITY:						
	FOR USE BY COMMAND APPROVING AUTHORITY: FORWARDED TO CMC (CODE MP-1) FOR APPROVED AS CLAIMED APPROVAL FOR APPROVAL FOR	FOR USE BY UNIT DIARY REPORTED ON UNIT D		FOR USE BY C	MC APHOVING AUTHORITY:						
	APPROVED FOR DEPENDENT NUMBERS:	NO									
≻		DATED									
АЛТНОВПУ	APPROVED FOR CHILD BORN	RUC									
Q	OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO										
APPROV IN	P5512.11. CHECK ONE CHILD RESIDES IN	ENTRIES REPORTED:	oper diary actior	n taken							
	MEMBER'S COURT HOUSEHOLD ORDER	is recorded)	per unity action								
SECTION 8	(Recertify annually) No Court Order										
8	(Signature of commanding officer)										
	JOHN A. MAY, MAJOR										
	(Typed name and grade of commanding officer)										
	1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)										
ORIC	GINAL	1		Designed Using Form	Flow 2.22, HQMC/ARSE, May 01						

Figure 1-5b - Sample Format for a Marine Who Is Married and Acquires a Child by Birth.

1-18

NAV	/MC 1	0922 (R	PLICATION (1751) REV. 4-01) (EF)		WHERE ADD	NSTRUCTION ITIONAL SPACE IS N E ITEMS, USE SEPA	NECESSARY TO								
obso	lete an		t be used)		DATE OF AF			-		CHAN	GE IN DEPEN (Check one)	DENTS			
						20010609		CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION					GAIN		
			E(Last, first, middle) ONZO DEAN		SSN	1		GRADE			SERVICE				
0N -	ORGAN	IZATION	AND STATION PREPARI					SG1 RUC	UC DATE OF CURRE			USMC USMCI			
SECTION 1. NTIFICATION			MARINES 2D MAR UNE NC 28547	DIV FMF	LANT		1	2160	LATE		NG FOR ACTIVE		VER IS		
S F	FUTURE	ADDRESS	S AND ETA IF TRANSFE	RISANTICI	PATED WITHI	N 60 DAYS	ECC			OF LAST	DISCHARGE OF	-	RELEASE		
								0612					WANCE		
z	NO.		IE OF DEPENDENT ude full given name)					RELATION d, indicate st or born out	ep,adop	tea,	ATE OF BIRTH Day, Mo., Year)	DATE ALLO CLAIMED previously a give date of	pproved,		
SECTION 2 DEPENDENT INFORMATION	1 '	TONYA	CAROL MARINE		OURTH ST SONVILLE	NC 28540		SPOUS	E		07071977	20010	0530		
ENTINF	2	JILL EL	LISE MARINE	SAME	AS ABOVI	Ξ		DAUGH	ER		08062000	20010	0530		
(BENDI	3														
ION 2 E	4														
SECT	5														
	6														
ODIAN	Furnish	the follow	ing information concerni	ng cus todiar	n of any deper	ndent named abov	/e.								
SECTION 3 CUSTODIAN INFORMATION	DEP NO		FULL NAME OF CU	STODIAN		RELATION DEPEN				ADD	RESS AND ZIP	CODE			
	2	TONYA	CAROL MARINE		MOTHER			SAM	EAS	ABOVI	Ξ				
NOI		11	NFORMATION CONCER	NING PRESE							HAS PRESEN PREVIOUSLY	NO OF			
I BUBER AND SPOUSE AND INFORMATION DRT/PATERNITY	DATE	E PLAC	E (County and State)	FULL	GIVEN NAME	OF SPOUSE	X NO	YES		NO OF TIMES					
	2001053		NO NV ONCERNING DISSOLU		CAROL G		BELOW.				GIVE INFORM				
OUSE	FOI	RMER IAGE OF				IARRIAGE OF BO			POUSE	Continu		SON (Check or			
AND SF	(Che YOUR- SELF	ck one) SPOUSE	NAME OF THE SPO THE DISSOLVED M		DATE OF DISSOLUTIO	ло		lissolution and State)			DEATH	ANNULMENT	DIVORCE		
I BMBER DRT/PA1															
RVICE N SUPPO															
s of se Barding															
STATU															
marital status of Servicem Regarding Suppo			ORDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE 1	o Support/Maint	ENANCE/PATEF	NITY?			-		4		
4		YES	IF YES, STATE DATE ANI	D PLACE (cou	nty and state) W	HERE SUCH ORDER	AGREEMENT V	AS ISSUED	AND ATT	ГАСНА С	OPY.				
SECTION															
ORI	GINAL								Design	ied Using	g FormFlow 2.2	2, HQMC/AR	SE, Apr 01		

Figure 1-6a - Sample Format for Dependent Children Legitimized by Marriage.

NAV	VMC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE	st, middle) SAN
SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF NO VES IF YES, LIST ALL AVAILABLE IDENTII service, inclusive dates of active service	FYING INFORMATION (Fu	ull name of natural p		
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U NO YES. IF YES, COMPLETE THE BLOCKS BELO SSN GRADE TYPE OF SERVICE E REGULAR RESERVE		INCLUSIVEDA	TES OF ACTIVE SERVICE	BAH WITH DEPENDENTS WITHOUT DEPENDENTS BAH DIFF
SECTION 7 CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents. (Signature of M Subscribed and sworn before me this 10 day of Document Viewed (List and attach all	against my pay for vill immediately the number and/or of additional	hereon or obtain application, to m extent necessary and/or of my leg	ny claimed dependents or	essing/adjudication of this custodians thereof, to the on of benefits, entitlements y dependents. <u>SGT</u> (Grade) attesting officer) IC,PERSO
SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY: FORWARDED TO CMC CLAIMED APPROVED AS CLAIMED APPROVED AS APPROVED FOR DEPENDENT NUMBERS APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELGIBILITY PRE MCO P5512.11. CHECK ONE CHILD RESIDES IN MEMBERS COURT (Recertify annually) No Court Order (Signature of commanding officer) JOHN A. MAY, MAJOR (Typed name and grade of commanding officer) ISTBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)	FOR USE BY UNIT DIARY C REPORTED ON UNIT DI NO DATED RUC ENTRIES REPORTED: (Ensure the prop is recorded)	IARY:	FOR USE BY 0	ALCEANTY UNITED)
ORIO	(Unit Designation)			Designed Using Form	nFlow 2.22, HQMC/ARSE, May 01

Figure 1-6b - Sample Format for Dependent Children Legitimized by Marriage.

NA (Sup obso	/MC 1 ersedes lete an	0922 (R s all previ	PLICATION (1751) EV. 4-01) (EF) ous editions which a be used) 800		INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION				(0	(Check one) CHANGE IN DEPEN	CK ONE) E IN DEPENDENTS (Check one) ANGE IN DEPENDENTS			
						20010609		X si		LOSS (EXPLAIN CERTIFICATION		GAIN		
			E (Last, first, middle) DNZO DEAN		SSN 123 45 6789			GRADE SGT			U	SMCR		
SECTION 1. NTIFICATION	1ST	BN 6TH	AND STATION PREPAR MARINES 2D MAR UNE NC 28547				UNIT F	2160		ORTING FOR ACTIVE	RENT ENLISTMENT/APPOINTMENT OR TING FOR ACTIVE DUTY (WHICHEVER IS			
IS EN	FUTURE	EADDRESS	S AND ETA IF TRANSFE	RISANTICI	PATED WITHI	N 60 DAYS	ECC DATE OF LAST TO INACTIVE D 040612			0006 AST DISCHARGE OF /E DUTY		RELEASE		
	NO.		E OF DEPENDENT ude full given name)		COMPLETE ADDRESS (if child, i			RELATIONS d, indicate ste or born out o	≈p,adopted,	DATE OF BIRTH (Day, Mo., Year)	DATE ALLO CLAIMED I previously a give date of	oproved,		
DEPENDENT INFORMATION	1	TONYA	CAROL MARINE		FOURTH ST KSONVILLE NC 28540			SPOUS	E	07071977	20010	530		
IN TINFO	2													
DEPENDE	3													
SECTION 2	4													
SEC.	5													
	6													
ODIAN	Furnish	the follow	ing information concerni	ng cus todiar										
SECTION 3 CUSTODIAN INFORMATION	DEP NO		FULL NAME OF CU	STODIAN		RELATION DEPENI			A	DDRESS AND ZIP	CODE			
SECTIO														
NOI		11	FORMATION CONCER	NING PRESE	NT MARRIAG	MARRIAGE HAVE YOU B				PREVIOUSLY	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?			
ORMAT	DAT	e plac	E (County and State)	FULL	GIVEN NAME OF SPOUSE			YES	NO TIM					
	2001053		NCUN, MEXICO		CAROL G		BELOW.				, GIVE INFORMATION REQUESTED			
spouse Y	FO MARF	RMER RIAGE OF eck one)	NAME OF THE SP		DATEOF		Place of o				ASON (Check or			
IBER AND SPOUSE AND INFORMATION PATERNITY	YOUR- SELF	SPOUSE	THE DISSOLVED N	ARRIAGE	DISSOLUTIO	ИС	(County	and State)		DEATH	ANNULMENT	DIVORCE		
MEN														
service Ng supi														
M ARITAL STATUS OF SERVICE REGARDING SUPP														
FAL STA														
		NO	ORDER OR WRITTEN AGRE	EMENTIN EFF	ECT RELATIVE 1	U SUPFORT/MAINTE	NANCE/PATER	NITY?						
SECTION 4		YES	IF YES, STATE DATE AN	D PLACE (cou	nty and state) W	HERE SUCH ORDER/	AGREEMENT V	/AS ISSUED A	ND ATTACH	A COPY.				
	GINAL								Designed LL	sing FormFlow 2.2		F Apr 01		

Figure 1-7a - Sample Format for a Foreign Marriage.

NAV	/MC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs) MARINE, ALONZO DE	t, middle) AN
AL PARENT OF ED FORCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVE	r been a member	OF ANY U.S. ARMED FORCES	?
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES	YES IF YES, LIST ALL AVAILABLE IDENTIF service, inclusive dates of active service	arent, SSN, grade, type of serv	ice, branch of		
D FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U	.S. ARMED FORCES?			
IN ARME	YES. IF YES, COMPLETE THE BLOCKS BELOW	Ν.			
OUSE	SSN GRADE TYPE OF SERVICE B	RANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	ВАН
SECTION 6 SPOUSE IN ARMED FORCES	REGULAR				WITH DEPENDENTS WITHOUT DEPENDENTS BAH DIFF
	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtained application, to mextent necessary	orm, I hereby authorize rele ed as a result of the proce y claimed dependents or c for the proper adjudicatio al obligation to support my	ssing/adjudication of this custodians thereof, to the on of benefits, entitlements
SECTION 7 CERTIFICATION			1	23 45 6789	SGT
7 NC	(Signat ure of Ma	arine)	(Social s	Security Number)	(Grade)
SECTION	Subscribed and sworn day of	June 01			
	Document Viewed (List and attach a	all documents viewe	ed) <u>T. J. ST</u>		
	FOR USE BY COMMAND APPROVING AUTHORITY:	FOR USE BY UNIT DIARY (CLERK:	(Type Name grade of a	MC APPROVING AUTHORITY:
	APPROVED AS CLAIMED CL	REPORTED ON UNIT D	IARY:		
	APPROVED FOR DEPENDENT NUMBERS:	NO			
≿		DATED			
AUTHORITY	A PPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS	RUC			
APPROVING	ELIGIBILITY PER MCO P5512.11. CHECK ONE	ENTRIES REPORTED:			
8 APPF	CHILD RESIDES IN MEMBER'S HOUSEHOLD COURT				
SECTION	(Recertify annually) No Court Order				
5	(Signature of commanding officer)				
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)				
	ISTBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)				
ORIO	GINAL			L Designed Using Form	Flow 2.22, HQMC/ARSE, May 01

Figure 1-8b - Sample Format for a Foreign Marriage.

1-22

MC 10 erædes	922 (RI	LICATION (1751) EV. 4-01) (EF) bus editions which a		WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET				CHANGE IN DEPENDENTS						
	F-984-98			DATE OF AF	PLICATION						(Check one) CHANGE IN DEPEN	DENTS		
					20010609									
		(Last, first, middle)		SSN				GRADE	T		F SERVICE			
		NZO DEAN		APPLICATION UNIT										
1ST E	BN 6TH I	MARINES 2D MAR INE NC 28547									RTING FOR ACTIVE	DUTY (WHICH		
FUTURE	ADDRESS	AND ETA IF TRANSFE	R IS ANTICI	PATED WITHI	N 60 DAYS	EC		TO INACTIVE DU			ST DISCHARGE O	-	T RELEASE	
NO.		E OF DEPENDENT de full given name)					R if child,				DATE OF BIRTH (Day, Mo., Year)	DATEALL CLAIMED previously an date of a	FROM df proved give	
1 Т	TONYA (CAROL MARINE		OURTH ST KSONVILLE NC 28540				SPOUSE	3		07071977	2001	0530	
2														
3														
4														
5														
6														
Furnish t	he follow ir	ng information concerni	ng cus todiar	of any depen	dent named abov	ve.								
DEP NO		FULL NAME OF CU	STODIAN	N RELATIONSHIP DEPENDENT			ro addr			DRESS AND ZIP	DRESS AND ZIP CODE			
		FORMATION CONCER						BEEN PREVIOUSLY MARRIED?			F		NO OF	
DATE	PLACE	E (County and State)	FULL (GIVEN NAME	OF SPOUSE								TIMES	
2001 0530		HINGTONDC		CAROL G		BELO W.	ι.							
FOR	MER AGE OF				ARRIAGE OF BO					COIII		ASON (Check		
(Chec YOUR-	k one) SPOUSE	NAME OF THE SPO THE DISSOLVED M		DATE OF DISSOLUTIO	DN			solution d State)			DEATH	ANNULMEN		
SELF														
													1	
	A COURT O	RDER OR WRITTEN AGRE	ECT RELATIVE T	O SUPPORT/MAINT	ENANCE/PA	ATERNI	TY?							
		IF YES, STATE DATE ANI	D PLACE (cour	nty and state) Wi	HERE SUCH ORDER	VAGREEME	NT WA	S ISSUED A	ND ATT/	ACH A	COPY.			

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Figure 1-8a - Sample Format for a Tribunal Marriage.

NAV	VMC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE	st, middle) EAN								
ARENT OF DRCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVE	er been a member	OF ANY U.S. ARMED FORCE	S?								
NO VES IF YES, LIST ALL AVAILABLE IDENT IFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren).													
ECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? NO YES. IF YES, COMPLETE THE BLOCKS BELOW.												
EINA			1										
shous	SSN GRADE TYPE OF SERVICE B	RANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	BAH								
SECTION 6 S	REGULAR				WITH DEPENDENTS WITHOUT DEPENDENTS BAH DIFF								
CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtain application, to m extent necessary	y claimed dependents or	essing/adjudication of this custodians thereof, to the on of benefits, entitlements								
CERTIF			1	23 45 6789									
N 7	(Signature of M	arine)		Security Number)	SGT (Grade)								
SECTION 7		June 01		(Signature and Title of									
	Document Viewed (L1st and attach at	i documents view	(d) <u>1. J. SI</u>	(Type Name grade of									
	FOR USE BY COMMAND APPROVING AUTHORITY: FORWARDED TO CMC CLAIMED CLAIMED CLAIMED CLAIMED CLAIMED	FOR USE BY UNIT DIARY REPORTED ON UNIT D		FOR USE BY (CMC APPROVING AUTHORITY:								
×	APPROVED FOR 1 DEPENDENT NUMBERS:	NO											
AUTHORITY	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS	RUC											
APPROVING	ELIGIBILITY PER MCO P5512.11. CHECK ONE CHILD RESIDES IN REMEPERS COURT	ENTRIES REPORTED:	ITRIES REPORTED:										
SECTION 8	MEMBER'S COOKI HOUSEHOLD ORDER (Recertify annually) No Court Order												
ß	(Signature of commanding officer)												
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)												
	1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)												
ORIO	GINAL			Designed Using Forr	nFlow 2.22, HQMC/ARSE, May 01								

Figure 1-8b - Sample Format for a Tribunal Marriage.

1-24

VMC 1 persedes plete an	0922 (R	,		INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION			REAS	NDENTS) NDENTS NIN []	G							
NAME	OF MARINI	E (Last, first, middle)		20010609 SSN					GRADE TYPE O							
		NZO DEAN				123 45 67	89				Χ	USMC		JSMCR		
1ST CAN	BN 6TH 1P LEJEU	AND STATION PREPARI MARINES 2D MAR JNE NC 28547	DIV FMF	FLANT			unit ru 12					RRENT ENLISTM RTING FOR ACTIV 000	E DUTY (WHICH			
FUTURE	EADDRESS	AND ETA IF TRANSFE	R IS ANTICI	PATED WITH	HIN 60) DAYS		есс 040	512			OF LAS	ST DISCHARGE (DUTY	OR DATE OF LAS	T RELEASE	
NO.		E OF DEPENDENT ude full given name)					R (if child, ward on		e step,	adopt	ea,	DATE OF BIRT (Day, Mo., Year		FROM df proved give		
	TONYA	CAROL MARINE		OURTH ST SONVILL		28540			SPOU	USE			07071977	2001	0530	
2			_									_				
3									_							
4									-							
6							-					-				
Furnish	the follow i	ng information concerni	ng cus todiar	n of any depe	of any dependent named above.											
DEP NO		FULL NAME OF CU	STODIAN	RELATIONSHIP TO DEPENDENT			го				ADE	DRESS AND ZI	PCODE			
								E YOU BEEN PREVIOUSLY MARRIED?				NT SPOUSE BEE	N			
DAT		IFORMATION CONCER		NT MARRIA GIVEN NAM		POUSE						NO OF				
2001053		HINGTONDC		CAROL O			BELO	IW.				"YES"	S NO YES TIM			
FO	MATION CO RMER RAGE OF	DNCERNING DISSOLU				RIAGE OF BOT	Ή ΥΟΙ	JRSELF A	ND/O	R SPC	DUSE	(Contir		EASON (Check)		
	SPOUSE	NAME OF THE SPO THE DISSOLVED M		DATE O DISSOLUT				ace of dis County an					DEATH	ANNULMEN		
	E A COURT O	ORDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE	E TO SL	JPPORT/MAINTE	NANCE	PATERNI	TY?					ļ		
	YES	IF YES, STATE DATE ANI	D PLACE (cou	nty and state)	WHERE	E SUCH ORDER/	AGREEI	MENT WA	S ISSUE	D ANI	D ATT.	АСН А	COPY.			

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Figure 1-9a - Sample Format for a Common-Law Marriage.

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NAV	VMC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE								
RENT OF RCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVE	r been a member	OF ANY U.S. ARMED FORCES	5?							
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES	YES IF YES, LIST ALL AVAILABLE IDENT IFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren).											
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U											
IN AF	YES. IF YES, COMPLETE THE BLOCKS BELO	Ν.										
OUSE	SSN GRADE TYPE OF SERVICE B	RANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	BAH							
TION 6 SF	REGULAR				WITH DEPENDENTS							
SEC	RESERVE				BAH DIFF							
SECTION 7 CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtain application, to m extent necessary		essing/adjudication of this custodians thereof, to the on of benefits, entitlements							
			1	23 45 6789	0.C.T.							
N 7 0	(Signature of M	arine)		Security Number)	SGT (Grade)							
SECTIO	Subscribed and sworn 10 day of before methis	June 01			(ende)							
				(Signature and Title of	attesting officer)							
	Document Viewed (List and attach al	l documents viewe	d) <u>T. J. ST</u>	EWART, CWO2, USMC, (Type Name grade of a								
	FOR USE BY COMMAND APPROVING AUTHORITY:	FOR USE BY UNIT DIARY	CLERK:		MC APPROVING AUTHORITY:							
	APPROVED AS CLAIMED CL	REPORTED ON UNIT D	IARY:									
	APPROVED FOR	NO										
Ł	NUMBERS:	DATED										
АЛТНОВІТУ	APPROVED FOR CHILD BORN	RUC										
G	OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO											
APPROVIN	P5512.11. CHECK ONE CHILD	ENTRIES REPORTED:										
8 API	RESIDES IN MEMBER'S HOUSEHOLD COURT ORDER											
SECTION 8	(Recertify annually) No Court Order											
SEC												
	(Signature of commanding officer)											
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)											
	1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)											
0.014	3INAI			Designed Using Form	Flow 2.22, HQMC/ARSE, May 01							

Figure 1-9b - Sample Format for a Common-Law Marriage.

NA (Sup obso	MC 1 berædes blete an	0922 (F s all previ	PLICATION (1751 REV. 4-01) (EF) ious editions which a t be used) 800		INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION			REASON FOR THIS AFPLICATION (CHECK ONE) CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN							G
	-					20010609			ST	ART		CERTIFICATION			GAIN
			E (Last, first, middle) ONZO DEAN		SSN		780	GRAI	DE SGT	T	YPE OF	USMC		1 119	SMCR
. z		,	AND STATION PREPAR			123 45 6	UNIT RU	-		DATE	<u> </u>	RENT ENLISTME			
SECTION 1. NTIFICATION	1ST	BN 6TH	MARINES 2D MAR								REPORT	ING FOR ACTIV			
SECI		IP LEJE	UNE NC 28547				12	12160 000613					513		
	FUTURE	ADDRES	S AND ETA IF TRANSFE	ER IS ANTICI	PATED WITHI	N 60 DAYS	ECC 040)612			OF LAS ACTIVE	T DISCHARGE C DUTY	R DATE OF	LAST I	RELEASE
	NO.		IE OF DEPENDENT lude full given name)		COMPLETE (Include 2	ADDRESS Zip Code)	F (if child	RELATIONSHIP (if child, indicate step, adopted, ward or born out of wedlock) DATE OF BIRTH (Day, Mo., Year)					HI CLAIN	MED F	WANCE ROM (If proved, pproval)
MATION	1														
DEPENDENT INFORMATION	2														
EPENDEN	3														
SECTION 2 D	4														
SECT	5														
	6														
DIAN	Furnish	the follow	ing information concern	ing custodiar	of any deper	ndent named abov	e.								
SECTION 3 CUSTODIAN INFORMATION	DEP NO		FULL NAME OF CU	STODIAN		RELATION DEPEN					ADD	RESS AND ZIF	CODE		
SECTION															
z			NFORMATION CONCEP	NING PRESE	NT MARRIAG	ARRIAGE HAVE YOU BE			U BEEN PREVIOUSLY MARRIED?						
ATIO							YES NO OF						NO OF		
EMBER AND SPOUSE AND INFORMATION RT/PATERNITY	DATI		CE (County and State)	FULL	JIVEN NAME	OF SPOUSE	IF EITHER ANSWER ABOVE IS "YES				TIMES	ES NO YES TIMES			
SE AN			ONCERNING DISSOLU	TION OF EAG		ARRIAGE OF BO	BELOW.	AND/C	OR SP	OUSE	(Contin	ue on separate	sheet if ne	ecessa	iry)
D SPOUS	MARR (Che	RMER NAGE OF eck one)	NAME OF THE SP THE DISSOLVED N		DATE OF		Place of dis (County a					RE	ASON (Ch	eck one	e)
ER AN	YOUR- SELF	SPOUSE				-	(oounty a		0)			DEATH	ANNULN	IENT	DIVORCE
E M BMB	×		TONYA CAROL	MARINE	2001060	9 ONSLOW	/ NC								×
= SERVIC DING SU															
4 MARITAL STATUS OF SERVICE M REGARDING SUIPO															
RITAL ST		A COURT	ORDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE 1	TO SUPPORT/MAINTE	ENANCE/PATERN	ITY?							
N 4 MA		NO YES	IF YES, STATE DATE AN	D PLACE (cour	ntyandstate)W	HERE SUCH ORDER	AGREEMENT WA	AS ISSU	ED AN	ND ATT	ACHA	COPY.			
SECTION			20010609 ONSLOW												
	GINAL	2	LUUTUUUF UINSLUW	CUUNIT	NONTHUA	NOLINA			[Design	ed Usin	g FormFlow 2.	22, HQMC	/ARSI	E, Apr 01

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Figure 1-10a - Sample Format for a Divorce.

NA۱	/MC 10922 (Rev. 4-01) (EF) Page 2]	NAME OF MARINE (Last, firs MARINE, ALONZO DE	st, middle) EAN
₽	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVE	ER BEEN A MEMBER C	FANY U.S. ARMED FORCE	S?
L PARENT C	NO				
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES	YES IF YES, LIST ALL AVAILABLE IDENT If service, inclusive dates of active service			rent, SSN, grade, type of ser	vice, branch of
FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U	.S. ARMED FORCES?			
IN ARMED	YES. IF YES, COMPLETE THE BLOCKS BELOV	Ν.			
ouse	SSN GRADE TYPE OF SERVICE B	RANCH OF SERVICE	INCLUSIVEDAT	ES OF ACTIVE SERVICE	ВАН
SECTION 6 SPOUSE IN ARMED	REGULAR				WITH DEPENDENTS
SECTION 7 CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtaine application, to my extent necessary	d as a result of the proce claimed dependents or	lease of any information essing/adjudication of this custodians thereof, to the on of benefits, entitlements y dependents.
CERTIFI			12	3 45 6789	SGT
7 NO	(Signat ure of M	arine)		ecurity Number)	(Grade)
SECTI	Subscribed and sworn day of	June 0	1		
	(List and attach all	documents viewed	d) T. J. S	(Signature and Title of TEWART, CWO2, USN	
		I		(Type Name grade of	attesting officer)
	FOR USE BY COMMAND APPROVING AUTHORITY: FORWARDED TO CMC CLAIMED AS CLAIMED AS CLAIMED AS CLAIMED AS CLAIMED AS CLAIMED AS CLAIMED APPROVING AUTHORITY: CLAIMED APPROVING AUTHORI	FOR USE BY UNIT DIARY		FOR USE BY C	CMC APPROVING AUTHORITY:
	APPROVED FOR DEPENDENT NUMBERS:	NO			
۲		DATED			
АЛТНОКІТҮ	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS	RUC			
OVING	ELIGIBILITY PER MCO P5512.11. CHECK ONE	ENTRIES REPORTED:			
APPROVIN	CHILD RESIDES IN MEMBER'S COURT	(Ensure the proper	r diary action tak	en	
SECTION 8	(Recertify annually) No Court Order	is recorded)			
SEC	(Signature of commanding officer)				
	JOHN A. MAY, MAJOR				
	(Typed name and grade of commanding officer)				
	1STBN 6THMAR 2DMARDIV FMFLANT				
OPI	(Unit Designation)			Designed Usina Forr	nFlow 2.22, HQMC/ARSE, May 01
ORIC	SINAL			J	

Figure 1-10b - Sample Format for a Divorce.

DEPENDENCY	DETERMINATION	AND	BAH	MANUAL
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NA (Sup obso	DEPENDENCY APPLICATION (1751) NAVMC 10922 (REV. 4-01) (EF) (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800				INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION 20010609				REASON FOR THIS APPLICATION (CHECK ONE) CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION				G	
					SSI			1	GRADE			OF SERVICE		
. z		,	ONZO DEAN			123 45 6			SGT					
SECTION 1. NTIFICATION	1ST 1	BN 6TH	MARINES 2D MAR UNE NC 28547					121			REPO	RTING FOR ACTIVE	DUTY (WHI	
" Z	FUTURE	ADDRESS	S AND ETA IF TRANSFE	RISANTICI	PATED WITH	IN 60 DAYS	EC	сс 0406	TO INACTIVE D			ST DISCHARGE OF		AST RELEASE
	NO.		E OF DEPENDENT ude full given name)			E ADDRESS Zip Code)		(if child, i	LATION ndicate st born out	ep, adop		DATE OF BIRTH (Day, Mo., Year)		
DEPENDENT INFORMATION	1	JILL EL	ISE MARINE	123 FO JACK	OURTH ST SONVILLE	NC 28540		D	DAUGHTER			08061994		EV APPR 940608
T INFO	2													
ENDEN	3													
	4													
SECTION 2	5													
	6													
DIAN	Furnish	the follow	ing information concerni	ing custodiar	n of any depe	ndent named abov	ve.						:	
SECTION 3 CUSTODIAN INFORMATION	DEP NO		FULL NAME OF CU	STODIAN	DDIAN RELATIONSHIP TO DEPENDENT						AD	DRESS AND ZIP	CODE	
SECTION	1	ALONZ	O DEAN MARINE		FATHEF			SAME AS ABOVE			VE	Έ		
NOI		11	NFORMATION CONCER	NING PRESE	NT MARRIAG	ε	HAVE Y	YOU BEEN	BEEN PREVIOUSLY MARRIED?			PREVIOUSLY MARRIED?		
AND SPOUSE AND INFORMATION ERNITY	DATE	PLAC	E (County and State)	FULL	GIVEN NAME	OF SPOUSE	N	10	YES NO OF				YES	NO OF TIMES
							BELOW	۷.				", GIVE INFORM		
USEA	FOF	<u>IATION C</u> RMER IAGE OF	ONCERNING DISSOLU	TION OF EA	CH FORMER N	IARRIAGE OF BO	TH YOUR	RSELF A	ND/OR S	SPOUSE	(Cont		sheet if neo	
ND SP(ck one)	NAME OF THE SPO THE DISSOLVED M		DATE OF DISSOLUTI			e of diss ounty and				DEATH	ANNULMI	
PAT	SELF	SPOUSE	TONYA CAROL	MARINE	2001060	ONSLOW	V NC					DEATH	ANNOLWI	X
VICE M SUIPOI					2001060	9								
of Ser Arding														
STATUS REGA														
4 MARITAL STATUS OF SERVICE MEM REGARDING SUFPORTI			ORDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE	TO SUPPORT/MAINT	ENANCE/P	PATERNIT	Y?					
	\mathbf{X}	YES	IF YES, STATE DATE AN	D PLACE (cou	nty and state) W	HERE SUCH ORDER	∛AGREEME	ENT WAS	SISSUED	AND ATT	ГАСН /	A COPY.		
SECTION		2	0010609 ONSLOW	COUNTY	NORTH CA	AROLINA								
ORI	GINAL									Desigr	ned Us	ing FormFlow 2.2	2, HQMC/	ARSE, Apr 01

Figure 1-11a - Sample Format for a Divorced Marine, Children Involved.

NA\	/MC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE	st, middle) EAN
ARENT OF RCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVE	r been a member	OF ANY U.S. ARMED FORCES	S?
SECTION 5 NATURAL PARENT CHILD IN ARMED FO RCES	YES IF YES, LIST ALL AVAILABLE IDENT IN service, inclusive dates of active service			arent, SSN, grade, type of ser	vice, branch of
MED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U	.S. ARMED FORCES?			
IN AR	YES. IF YES, COMPLETE THE BLOCKS BELOW	W.			
POUSE	SSN GRADE TYPE OF SERVICE B	BRANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	ВАН
SECTION 6 SPOUSE IN ARMED	REGULAR RESERVE				WITH DEPENDENTS WITHOUT DEPENDENTS BAH DIFF
CATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtained application, to mextent necessary	y claimed dependents or	essing/adjudication of this custodians thereof, to the on of benefits, entitlements
7 CERTIFICATION			1	23 45 6789	SGT
SECTION 7	(Signature of M Subscribed and sworn 10 day of	arine) June 01		Security Number)	(Grade)
				(Signature and Title of TEWART, CWO2, USM	
		l documents viewed	1)	(Type Name grade of	attesting officer)
	FOR USE BY COMMAND APPROVING AUTHORITY: FORWARDED TO CMC (CODE MR-1) FOR CLAIMED AS CLAIMED APPROVAL FOR APPROVAL FOR	FOR USE BY UNIT DIARY C		FOR USE BY C	CMC APPROVING AUTHORITY:
	APPROVED FOR DEPENDENT NUMBERS:	NO			
Ł		DATED			
AUTHORITY	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS	RUC			
APPROVING	ELIGIBILITY PER MCO P5512.11. CHECK ONE	ENTRIES REPORTED:			
APPR	CHILD RESIDES IN MEMBER'S COURT	(Ensure the prop	er diary action	taken	
SECTION 8	HOUSEHOLD ORDER (Recetify annually) No Court Order	is recorded)			
s	(Signature of commanding officer)				
	ISTBN 6THMAR 2DMARDIV FMFLANT				
	(Unit Designation)				
ORIG	BINAL			Designed Using Form	mFlow 2.22, HQMC/ARSE, May 01

Figure 1-11b - Sample Format for a Divorced Marine, Children Involved.

PENDENCY APPLICATION (1751) VMC 10922 (REV. 4-01) (EF) versedes all previous editions which are olete and will not be used)			INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET			REASON FOR THIS APPLICATION (CHECK ONE) CHANGE IN DEPENDENTS						
	d will not _F-984-9	,		DATE OF AF	PLICATION				СН	(Check one) ANGE IN DEPENDENTS		
					20010609		X st	ART		LOSS (EXPLAIN CERTIFICATION		GAIN
		E (Last, first, middle)		SSN		190	GRADE SGT			SERVICE USMC		SMCR
	-	AND STATION PREPAR	ING THIS AF	PLICATION	123 45 67	UNIT R			<u> </u>	RENT ENLISTMEN		
		MARINES 2D MAR UNE NC 28547	RDIV FMF	LANT		1	2160	DATE LATER		NG FOR ACTIVE		VER IS
		S AND ETA IF TRANSFE	RISANTICI	PATED WITHI	N 60 DAYS	ECC	2100	DATE	OFLAST	0006 DISCHARGE OR		RELEASE
							0612		ACTIVE			
NO.		IE OF DEPENDENT ude full given name)		COMPLETE (Include 2		(if child				ATE OF BIRTH Day, Mo., Year)	DATEALLO CLAIMED F previously acc date of ap	ROM df roved give
1 '	ΤΟΝΥΑ	CAROL MARINE	123 FC JACK	123 FOURTH ST JACKSONVILLE NC 28540			SPOUS	E		07071977	20010	530
2												
3												
4												
5												
6												
Furnish	the follow	ing information concern	ing custodiar	n of any deper	ident named abov	е.						
DEP NO		FULL NAME OF CU	STODIAN		RELATION DEPEN				ADDR	RESS AND ZIP	CODE	
	II	NFORMATION CONCER	NING PRESE	NT MARRIAG	E	HAVE YOU BE	EN PREVIOU	ISLY MA	RRIED?	HAS PRESEN PREVIOUSLY	T SPOUSE BEEN	
DATE	E PLAC	E (County and State)	FULL	GIVEN NAME	OF SPOUSE		YES		NO OF TIMES			NO OF TIMES
2001053		оич		CAROL G		BELOW.				GIVE INFORM.		
FOI	RMER	ONCERNING DISSOLU	TION OF EAG	CH FORMER M	ARRIAGE OF BO	H YOURSELF	AND/OR S	POUSE	(Continu	1		
(Che	IAGE OF ck one)	NAME OF THE SP THE DISSOLVED N		DATE OF DISSOLUTIO	DN	Place of di (County a				REA	SON (Check or	
YOUR- SELF	SPOUSE		-			(oounty a				DEATH	ANNULMENT	DIVORCE
	×	CALVIN LIONEL	CASSELL	20001104	4 JUAREZ N	MEXICO						X
		ORDER OR WRITTEN AGRE										ļ
	NO	URDER UR WHITEN AGRE	EIVIENT IN EFF	EUI KELATIVE I	U SUPPORT/MAINTE	INANCE/PATERN	NIIT <i>(</i>					
	YES	IF YES, STATE DATE AN	D PLACE (cou	nty and state) W	HERE SUCH ORDER	AGREEMENT W	AS ISSUED A	ND ATT.	асна с	OPY.		
GINAL								Designe	ed Using	FormFlow 2.2	2, HQMC/ARS	SE, Apr 01

Figure 1-12a - Sample Format for a Marriage When a Foreign Divorce is Involved, by a Spouse Who is a United States Citizen.

NA	VMC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE	t, middle) AN					
RCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVE	er been a member	OF ANY U.S. ARMED FORCES	??					
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES	YES IF YES, LIST ALL AVAILABLE IDENTII service, inclusive dates of active servio			arent, SSN, grade, type of serv	rice, branch of					
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U									
SE IN AI	YES. IF YES, COMPLETE THE BLOCKS BELO									
SPOU	SSN GRADE TYPE OF SERVICE E	BRANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	BAH					
SECTION 6	REGULAR RESERVE				WITHOUT DEPENDENTS					
ICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in status of my dependents, whether it be the gain dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtain application, to m extent necessary	orm, I hereby authorize rel ed as a result of the proce ny claimed dependents or or for the proper adjudication al obligation to support my	ssing/adjudication of this custodians thereof, to the on of benefits, entitlements					
SECTION 7 CERTIFICATION			1	23 45 6789	SGT					
ON 7	(Signature of M	arine)	(Social	Security Number)	(Grade)					
SECT	Subscribed and sworn before me this 10 day of June 01 (Signature and Title of attesting officer) (Signature and Title of attesting officer) Document Viewed (Text and etter benut before attesting officer)									
	Document Viewed (List and attach al	ll documents viewe	ed) $-\frac{1.5.51}{2}$	(Type Name grade of a						
	FOR USE BY COMMAND APPROVING AUTHORITY: FORWARDED TO CMC FORWARDED TO CMC (CODE MPP-1) FOR APPROVED AS CLAIMED CLAIMED CLAIMED	FOR USE BY UNIT DIARY		FOR USE BY C	MC APPROVING AUTHORITY:					
	APPROVED FOR 1 DEPENDENT NUMBERS:	NO								
g authority	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS	RUC								
APPROVING	ELIGBILITY PER MCO P5512.11. CHECK ONE CHILD RESIDES IN REMBER S COURT	ENTRIES REPORTED:								
SECTION 8	HOUSEHOLD CORDER (Recertify annually) No Court Order									
	(Signature of commanding officer)									
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)									
	1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)									
	GINAL			Designed Using Form	Flow 2.22, HQMC/ARSE, May 01					

Figure 1-12b - Sample Format for a Marriage When a Foreign Divorce is Involved, by a Spouse Who is a United States Citizen.

NA (Sup obsc	DEPENDENCY APPLICATION (1751) NAVMC 10922 (REV. 4-01) (EF) Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800				WHERE ADD COMPLET DATE OF AF	REASON FOR THIS APPLICATION (CHECK ONE) CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS					G		
						20010609		Х st	ART	L	OSS (EXPLAIN ERTIFICATION	IN N	GAIN
			E (Last, first, middle) ONZO DEAN		SSN	123 45 67	'89	GRADE SGT		<u> </u>	ERVICE JSMC		JSMCR
SECTION 1. NTIFICATION	1ST	BN 6TH	AND STATION PREPAR MARINES 2D MAR UNE NC 28547		FLANT			UC DATE OF CURRE DATE REPORTIN 2160				DUTY (WHICHI	
ΩĒ	FUTURE	EADDRESS	S AND ETA IF TRANSFE	RISANTICI	CIPATED WITHIN 60 DAYS ECC			0612	DATE O TO INAC		DISCHARGE OF	R DATE OF LAS	F RELEASE
_	NO.		IE OF DEPENDENT lude full given name)		COMPLETE (Include 2		(if child				ATE OF BIRTH Day, Mo., Year) Day at the second seco		approved,
DRMATIO	1	TONYA	CAROL MARINE	123 FO JACK	FOURTH ST CKSONVILLE NC 28540			SPOUSE			07071977	2001	0530
DEPENDENT INFORMATION	2	JILL EL	ISE CASSELL	SAME	E AS ABOVE STI			EPDAUG	HTER	(08061995	2001	0530
	3												
SECTION 2	4									_			
	6												
	Furnish	the follow	ing information concern	ng custodiar	n of any deper	dent named above	Э.						
SECTION 3 CUSTODIAN INFORMATION	DEP NO		FULL NAME OF CU	STODIAN	RELATIONSHIP TO DEPENDENT					ADDRE	SS AND ZIP	CODE	
SECTION	2	TONYA	CAROL MARINE		MOTHER			SAM	E AS AI	BOVE			
NOL			NFORMATION CONCER	NING PRESE	NT MARRIAG	E	HAVE YOU BE	EEN PREVIOUSLY MARRIED?			HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?		
-ORMA-	DAT	E PLAC	CE (County and State)	FULL	GIVEN NAME	OF SPOUSE	X NO	YES NO OF					NO OF TIMES
	2001053		O NV ONCERNING DISSOLU		CAROL G		BELOW.					ATION REQUE	
EMBER AND SPOUSE AND INFORMATION RT/PATERNTY	FO MARR	MATION C RMER RIAGE OF eck one)	NAME OF THE SP	OUSE IN	DATE OF		Place of di	ssolution	<u>POUSE (C</u>	ontinue	1	SON (Check o	
BER AND Paterni	YOUR- SELF	SPOUSE	THE DISSOLVED N	IARRIAGE	DISSOLUTIO		(County a	nd State)			DEATH	ANNULMEN	
ΣO													
status of Service Regarding Suff													
LL STATUS REC													
MARITAL		A COURT	ORDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE T	O SUPPORT/MAINTE	NANCE/PATERN	IITY?					
SECTION 4		YES	IF YES, STATE DATE AN	D PLACE (cou	nty and state) W	HERE SUCH ORDER/	AGREEMENT WA	AS ISSUED A	ND ATTA	СНАСО	PY.		
	GINAL								Designed	Using	FormFlow 2.2	2, HQMC/AR	SE, Apr 01

Figure 1-13a - Sample Format for a Stepchild.

NAV	/MC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Las t, first MARINE, ALONZO DE	t, middle) AN
SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF NO VES IF YES, LIST ALL AVAILABLE IDENTI service, inclusive dates of active servi	FYING INFORMATION (F	-ull name of natural p		
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY L NO YES. IF YES, COMPLETE THE BLOCKS BELO SSN GRADE TYPE OF SERVICE E REGULAR		INCLUSIVEDA	TES OF ACTIVE SERVICE	BAH
CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. Iv inform my commanding officer of any change in status of my dependents, whether it be the gain dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtain application, to n extent necessary	orm, I hereby authorize rele led as a result of the proce ny claimed dependents or c y for the proper adjudicatio pal obligation to support my	BAH DIFF ease of any information ssing/adjudication of this usutodians thereof, to the n of benefits, entitlements
SECTION 7 CERTIF	(Signature of M Subscribed and sworn 10 day of	June 0			
SECTION 8 APPROVING AUTHORITY	COURT COURT Claimed Court Order Court Cou	FOR USE BY UNIT DIARY REPORTED ON UNIT D	CLERK: IJARY:		

Figure 1-13b - Sample Format for a Stepchild.

/MC10 ersedes	ENDENCY APPLICATION (1751) MC 10922 (REV. 4-01) (EF) ersedes all previous editions which are ete and will not be used)			INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECES SARY TO COMPLETE ITEMS, USE SEPARATE SHEET			REASON FOR THIS APPLICATION (CHECK ONE) CHANGE IN DEPENDENTS					
	l will not F-984-98			DATE OF AF			et	ART) CHA	Check one) NGE IN DEPENE OSS (EXPLAIN I	DENTS	GAIN
				SSN	20010609					ERTIFICATION (BECTION	
		(Last, first, middle) NZO DEAN		550	123 45 67	'89	GRADE SGT		<u> </u>	USMC	υ	SMCR
1ST E	BN 6TH I	ND STATION PREPARI MARINES 2D MAR INE NC 28547				UNIT RU	IC		REPORT		T/APPOINTMEN DUTY (WHICHE	
FUTURE	ADDRESS	AND ETA IF TRANSFE	RISANTICI	PATED WITHI	N 60 DAYS	ECC 040	612		OF LAST ACTIVE D	DISCHARGE OR	DATE OF LAST	RELEASE
NO.		E OF DEPENDENT de full given name)		COMPLETE (Include 2		(if child,	if child, indicate step, adopted.			TE OF BIRTH ay, Mo., Year)	DATEALLO CLAIMED P previously appr date of app	ROM 41 oved give
1 Т				SPOUSE			07071977	Prev app 19980				
	ILL ELI	SE CASSELL	SAME	AS ABOVE	3		ADOPTED DAUGHTER			08061998	20010	608
3												
5												
6												
Furnish t	he follow ir	ng information concerni	ng cus todian	of any depen	dent named above	9.						
DEP NO		FULL NAME OF CUS	STODIAN		RELATION DEPENI				ADDR	ESS AND ZIP	CODE	
2	TONYA	CAROL MARINE			МОТ	HER	SAMI	e as a	BOVE			
	IN	FORMATION CONCERI	NING PRESE	NT MARRIAG	E	HAVE YOU BEE	EN PREVIOU	SLY MA	RRIED?	HAS PRESENT PREVIOUSLY	SPOUSE BEEN	
DATE	PLACE	E (County and State)	FULL (GIVEN NAME	OF SPOUSE		YES		NO OF TIMES	× NO	YES	NO O TIMES
19980814				CAROL G		BELOW.					ATION REQUE	
	ATION CO	DNCERNING DISSOLUT	ION OF EAG	CH FORMER M	ARRIAGE OF BOT	H YOURSELF	AND/OR SI	POUSE	(Continue	e on separate s	heet if necess	ary)
MARRI (Chec	AGE OF k one)	NAME OF THE SPC THE DISSOLVED M		DATE OF	DN	Place of dis (County ar				REA	SON (Check on	e)
YOUR- SELF	SPOUSE					(oounty a				DEATH	ANNULMENT	DIVORC
	A COURT O	RDER OR WRITTEN AGREE	MENT IN EFFE	ECT RELATIVE T	O SUPPORT/MAINTE	NANCE/PATERN	ITY?					
	VES	IF YES, STATE DATE AND	PLACE (cour	nty and state) W	HERE SUCH ORDER/	AGREEMENT WA	S ISSUED A	ND ATT.	АСНА СС	DPY.		
SINAL								Designe	ed Using	FormFlow 2.2	2, HQMC/ARS	E, Apr C

Figure 1-14a - Sample Format for an Adopted Child.

NA۱	/MC 10922 (Rev	v. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE	t, middle) AN		
ARENT OF ORCES	HAS NATURAL PARE	NT OTHER THAN CLAIMANT C	DF CHILD(REN) LISTED EVE	er been a member	OF ANY U.S. ARMED FORCES	??		
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES		ES, LIST ALL AVAILABLE IDEN ice, inclusive dates of active ser			arent, SSN, grade, type of serv	rice, branch of		
ED FORCES	HAS YOUR SPOUSE	EVER BEEN A MEMBER OF ANY	U.S. ARMED FORCES?					
N ARN	YES. IF YES	S, COMPLETE THE BLOCKS BEL	.OW.					
DUSEII	SSN	GRADE TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	ВАН		
SECTION 6 SPOUSE IN ARMED FORCES		REGULAR RESERVE				WITH DEPENDENTS WITHOUT DEPENDENTS BAH DIFF		
	knowledge and beli any allowances pair inform my command	he above statements are tru ef, and I consent to checkag d on laws and regulations. I ding officer of any change in dents, whether it be the gain loss of dependents.	ge against my pay for will immediately n the number and/or	hereon or obtain application, to m extent necessary	orm, I hereby authorize rela ed as a result of the proce y claimed dependents or o for the proper adjudicatio al obligation to support my	ssing/adjudication of this custodians thereof, to the on of benefits, entitlements		
CERTIFICATION				1	23 45 6789	SGT		
SECTION 7		(Signat ure of	Marine)	(Social	Security Number)	(Grade)		
SECI	Subscribed and sworn before me this	10 day of	June 01	1				
					(Signature and Title of	attesting officer)		
	Document V	Viewed (LISt and attach	all documents view	Ved) T. J. STEWART, CWO2, USMC, PERSO (Type Name grade of attesting officer)				
	FOR USE BY COMMAND	APPROVING AUTHORITY:	FOR USE BY UNIT DIARY	CLERK:		MC APPROVING AUTHORITY:		
	APPROVED AS CLAIMED	FORWARDED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS	REPORTED ON UNIT D	IARY:				
	APPROVED FOR DEPENDENT		NO					
	NUMBERS:		DATED					
АИТНОВІТУ	APPROVED FO	DR CHILD BORN	RUC					
DNG	OUT OF WEDL ELIGIBILITY PEI P5512.11. CH		ENTRIES REPORTED:					
APPROV	CHILD RESIDES IN MEMBER'S	COURT	(Ensure the pro	per diary action	taken			
8 Z	HOUSEHOLD (Recertify annu	ually)	is recorded)	· ·				
SECTION	No Court Orde	er						
0	(Signature o	of commanding officer)	_					
	JOHN A. MAY,	, MAJOR						
		grade of commanding officer)						
		R 2DMARDIV FMFLANT	-					
	(Uhr							

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

Figure 1-14b - Sample Format for an Adopted Child.

NA (Sup obso	DEPENDENCY APPLICATION (1751) NAVMC 10922 (REV. 4-01) (EF) (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800				INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION								G			
	NAMEC	FMARIN	E (Last, first, middle)		ss	20010	0609		GRAD				CERTIFICATION	SECTION [C/ III
			ONZO DEAN				3 45 678	39		GT		X	USMC		USI	MCR
SECTION 1. NTIFICATION	1ST E	BN 6TH	AND STATION PREPAR MARINES 2D MAR JNE NC 28547					UNIT RI	UC 2160			REPOR	TING FOR ACTIV	ENT ENLISTMENT/APPOINTMENT OR NG FOR ACTIVE DUTY (WHICHEVER IS 000613		
	FUTURE	ADDRESS	AND ETA IF TRANSFE	RISANTICI	PATED WITH	IN 60 DAY	S	ECC 040	0612			OF LAS ACTIVE	T DISCHARGE (DUTY			
7	NO.		E OF DEPENDENT ude full given name)			E A D D RESS Zip Code)	6	(if child				OATE OF BIRT (Day, Mo., Year		DFR(yappi	OM (lf roved,	
ORM ATION	1															
SECTION 2 DEPENDENT INFORMATION	2											_				
V2 DEPEN	4											-				
SECTIO	5															
	6															
DIAN	Furnish t	he follow i	ng information concerni	ng custodian	of any depe	ndent name	ed above.									
SECTION 3 CUSTODIAN INFORMATION	DEP NO		FULL NAME OF CU	STODIAN	RELATIONSHIP TO DEPENDENT							ADD	RESS AND ZI	PCODE		
SECTI																
NOI		11	FORMATION CONCER	NING PRESE	NT MARRIA	GE		HAVE YOU BE	EN PRE	VIOUS	LY MA		PREVIOUS	NT SPOUSE BE Y MARRIED?	EN	
EMBER AND SPOUSE AND INFORMATION RT/PATERNITY	DATE	PLAC	E (County and State)	FULL (GIVEN NAME	OF SPOUS	SE	NO X	YES		1	NO OF TIMES	NO [YES		NO OF TIMES
D INFO								IF EITHER AN BELOW.	NSWER	RABO	VEIS	"YES"	GIVEINFORM	ATION REQ	JEST	ED
SE AN		ATION CO	ONCERNING DISSOLU	TION OF EAC		MARRIAGE			AND/O	OR SPC	DUSE	(Contin	ue on separate	sheet if nece	ssary	()
sPo∪	MARRI	AGE OF k one)	NAME OF THE SP		DATE OF			Place of di					RI	ASON (Check	one)	
R AND TERN	YOUR- SELF	SPOUSE	THE DISSOLVED N	ARRIAGE	DISSOLUTI			(County a	nd State	e)			DEATH	ANNULME	VT D	IVORCE
50	×		TONYA CAROL	MARINE	2001053	30 ON	SLOW	NC					×			
SERVICI																
M ARITAL STATUS OF SERVICE I REGARDING SUFP															_	
ITAL S	IS THERF	A COURT (ORDER OR WRITTEN AGRE	EMENT IN EFF		TO SUPPORT		ANCE/PATERN	IITY?							
		NO														
SECTION 4		YES IF YES, STATE DATE AND PLACE (county and state) WHERE SJCH C						GREEMENT W	AS ISSUE	ED AN	D ATT.	ACHA	COPY.			
s																

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

Figure 1-15a - Sample Format for Death of a Dependent.

NA۱	/MC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, first MARINE, ALONZO DE	t, middle) AN			
ARENT OF DRCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVE	er been a member	OF ANY U.S. ARMED FORCES	?			
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES	YES IF YES, LIST ALL AVAILABLE IDENT IN service, inclusive dates of active service			arent, SSN, grade, type of serv	ice, branch of			
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U							
USEIN	SSN GRADE TYPE OF SERVICE B	BRANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	ВАН			
SECTION 6 SPO	REGULAR RESERVE				WITH DEPENDENTS WITHOUT DEPENDENTS BAH DIFF			
CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtain application, to m extent necessary	orm, I hereby authorize rele ed as a result of the proce y claimed dependents or c for the proper adjudicatio al obligation to support my	ssing/adjudication of this custodians thereof, to the n of benefits, entitlements			
CERTIFI			1	23 45 6789	SGT			
	(Signature of M	larine)		Security Number)	(Grade)			
SECTION 7	Subscribed and sworn day of day of	June 01		(Signature and Title of a				
	Document View ed CList and attach a		<u> </u>		pe Name grade of attesting officer)			
	FOR USE BY COMMAND APPROVING AUTHORITY: FORWARDED TO CMC CLAIMED AS CODE MRP-1) FOR APPROVAL FOR	FOR USE BY UNIT DIARY		FOR USE BY C	MC APPROVING AUTHORITY:			
	APPROVED FOR DEPENDENT NUMBERS:	NO						
АИТНОВІТУ	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS	RUC						
APPROVING A	ELIGIBILITY PER MCO P5512.11. CHECK ONE CHILD	ENTRIES REPORTED:						
SECTION 8 APF	RESIDES IN MEMBER'S HOUSEHOLD (Recetify annually) No Court Order	(Ensure the pro is recorded)	per diary action	taken				
S	(Signature of commanding officer)							
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)							
	ISTBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)							
ORIG	SINAL			Designed Using Form	Flow 2.22, HQMC/ARSE, May 01			

Figure 1-15b - Sample Format for Death of a Dependent.

NA) (Sup	/MC10 erædes	922 (R all previ	PLICATION (1751) REV. 4-01) (EF) ous editions which a	e	INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET			REASON FOR THIS APPLICATION (CHECK ONE) CHANGE IN DEPENDENTS				G	
		F-984-9	: be used) 800		DATE OF AF	PLICATION			(Check one) CHANGE IN DEPENDENTS				
					20010609						LOSS (EXPLAIN I CERTIFICATION S		X GAIN
			E (Last, first, middle) ONZO DEAN		SSN	123 45 67	789		grade SGT				USMCR
SECTION 1. NTIFICATION	1ST E	BN 6TH	AND STATION PREPARI MARINES 2D MAR UNE NC 28547				UN	NIT RU	JC DATE OF CURRENT ENL DATE REPORTING FOR A LATER)			DUTY (WHIC	
ВĘ	FUTURE	ADDRESS	S AND ETA IF TRANSFE	RISANTICI	CIPATED WITHIN 60 DAYS ECC			с 0406	512	DATE OF L TO INACTI	200106 AST DISCHARGE OR /E DUTY		ST RELEASE
	NO.		IE OF DEPENDENT ude full given name)					RI f child,	ELATIONS indicate step born out of	o,adopted,	DATE OF BIRTH (Day, Mo., Year)	CLAIME previous	LOWANCE D FROM (If y approved, of approval)
DEPENDENT INFORMATION	1	JUSTIN	DAVID MARINE		OURTH ST SONVILLE	NC 28540			WARD MALE		14081995	200	010530
IN FO	2												
(BPENDE	3												
SECTION 2 D	4												
SECT	5												
	6												
	Furnish t	the follow	ing information concerni	ng cus todiar	n of any depen	ident named above	ə.						
SECTION 3 CUSTODIAN INFORMATION	DEP NO		FULL NAME OF CUS	STODIAN		RELATIONSHIP TO DEPENDENT				AI	DDRESS AND ZIP	CODE	
SECTIC	1 A	LONZC) DEAN MARINE			BROTHER			SAME AS ABOVE				
TION		11	NFORMATION CONCER	NING PRESE	NT MARRIAG	E	HAVE YO	OU BEE	EN PREVIOUSLY MARRIED?		PREVIOUSLY	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
FORMA'	DATE	PLAC	E (County and State)	FULL	GIVEN NAME	OF SPOUSE	X NO		YES NO OF NO YES			NO OF TIMES	
AND IN	INFORM		T MARRIED		CH FORMER M		BELOW.				S", GIVE INFORMA		
spouse Y	FOR	MER AGE OF	NAME OF THE SPO		DATEOF				solution			SON (Check	
EMBER AND SPOUSE AND INFORMATION RT/PATERNITY	YOUR- SELF	k one) SPOUSE	THE DISSOLVED M	ARRIAGE	DISSOLUTIO	ИС			d State)		DEATH	ANNULME	NT DIVORCE
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4	Χ	YES	IF YES, STATE DATE AND	PLACE (cou	nty and state) WI	HERE SUCH ORDER/	AGREEMEN	NT WAS	S ISSUED AI	ND ATTACH	A COPY.		
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Figure 1-16a - Sample Format for Ward.

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۱A۱	/MC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE	
RCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	Child(REN) Listed evi	er been a member	OF ANY U.S. ARMED FORCES	5?
CHILD IN ARMED FORCES	YES IF YES, LIST ALL AVAILABLE IDENTI service, inclusive dates of active servi			arent, SSN, grade, type of sen	rice, branch of
	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U NO YES. IF YES, COMPLETE THE BLOCKS BELO				
	SSN GRADE TYPE OF SERVICE	RANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	ВАН
	REGULAR RESERVE				WITH DEPENDENTS WITHOUT DEPENDENTS BAH DIFF
	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I v inform my commanding officer of any change in status of my dependents, whether it be the gain dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtain application, to m extent necessary	orm, I hereby authorize rel ed as a result of the proce by claimed dependents or for the proper adjudication al obligation to support my	essing/adjudication of this custodians thereof, to the on of benefits, entitlements
SECTION 7 CERTIFICATION			1	23 45 6789	SGT
	(Signat ure of M	arine)		Security Number)	(Grade)
	Subscribed and sworn day of before me this day of Document View ed (List and attach all	June 0 documents viewe		(Signature and Title of EWART, CWO2, USMC,	
			/ <u>1. J. DI</u>	(Type Name grade of	
	FOR USE BY COMMAND APPROVING AUTHORITY: APPROVED AS CLAIMED FORWARDED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS	FOR USE BY UNIT DIARY		FOR USE BY C	MC APPROVING AUTHORITY:
	APPROVED FOR 1 DEPENDENT NUMBERS:	NO			
	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO	RUC			
	P5512.11. CHECK ONE CHILD RESIDES IN MEMBER S HOUSEHOLD (Recertify annually) No Court Order				
	(Signature of commanding officer)				
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)				
	ISTBN 6THMAR 2DMARDIV FMFLANT (Unit Des ignation)				

Figure 1-16b - Sample Format for Ward.

CHAPTER 2

CHILDREN BORN OUT OF WEDLOCK

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CHILD(REN) BORN OUT OF WEDLOCK TO THE MARINE'S SPOUSE	2002	2-3
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ELIGIBILITY FOR MEDICAL BENEFITS	2004	2-4
SUBMISSION AND FORWARDING OF THE DEPENDENCY APPLICATION, NAVMC FORM 10922	2005	2-4
CHECKLIST FOR SUBMITTING DEPENDENCY APPLICATION, (NAVMC FORM 10922) FOR DEPENDENT CHILDREN	2006	2-4
SAMPLE FORMATS FOR SUBMITTING DEPENDENCY APPLICATION (NAVMC FORM 10922) REGARDING DEPENDENT CHILDREN (CHILDREN BORN OUT OF WEDLOCK)	2007	2-5

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2-4	SAMPLE FORMAT FOR DEPENDENT CHILDREN AND EACH HAS A DIFFERENT MOTHER/CUSTODIAN	2-12
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CHAPTER 2

CHILDREN BORN OUT OF WEDLOCK

2000. <u>AUTHORITY</u>. A NAVMC Form 10922 for children born out of wedlock prior to 26 November 1993, must be forwarded to the CMC (MRP-1) for a determination. If the Marine is claiming children with the effective entitlement date prior to 26 November 1993, the NAVMC Form 10922 must be submitted to the CMC (MRP-1) for determination and/or approval, along with all supporting documentation. Commanding officers have the authority to approve dependency applications for dependent children claimed on or after 26 November 1993, providing all supporting documents have been viewed. An approved copy of the NAVMC Form 10922, along with all supporting documentation, will be forwarded to the CMC (MRP-1) for review.

2001. CHILD(REN) BORN OUT OF WEDLOCK TO MARINES

1. Dependent child(ren) born out of wedlock to a Marine may be claimed from the date support commenced.

2. If the child's mother was married at the time of conception or birth, the child is considered of that marriage. To claim the child for BAH, a copy of a United States civil court ruling must be attached to the dependency application stating that the Marine is the natural father of the child, or that the husband of the child's mother is not the natural father. A divorce decree that indicates the child was not a result of that marriage is also acceptable.

2002. <u>CHILD(REN) BORN OUT OF WEDLOCK TO THE MARINE'S SPOUSE</u>. When the Marine is not the natural parent of a child(ren), they may be claimed from the date of the marriage to the Marine or the date the Marine entered active duty, whichever is later. This child is considered a step-child(ren), and should be processed as indicated in paragraph 1003.3.

2003. <u>AMOUNTS OF BAH TO BE PROVIDED</u>. Effective 5 December 1991, Public Law 102-109 limits the amount of BAH paid to a member whose entitlement is based solely on payment of child support.

1. Personnel who reside in single-type Government housing (barracks) will be entitled to the BAH-DIFF only, provided the Marine is paying child support equal to at least the amount of BAH DIFF, per ref (a). 2. Personnel authorized to reside off base (on the economy) will be entitled to BAH-DIFF along with BAH Own-Right (BAH O/R) without dependent.

2004. <u>ELIGIBILITY FOR MEDICAL BENEFITS</u>. A DD Form 1173 is the authorized ID card to be issued to a child(ren) born out of wedlock, provided the Marine has taken the child into his/her household and has assumed financial responsibility for the child by furnishing more than 50 percent of the child's support, or the Marine has been judicially determined to be the child's natural parent. A child without a court order who leaves the household is no longer entitled to medical benefits, effective the date of departure.

2005. SUBMISSION AND FORWARDING OF THE DEPENDENCY APPLICATION, NAVMC FORM 10922

1. When submitting a NAVMC Form 10922 for determination on behalf of dependent children to the CMC (MRP-1), the following documentation must be attached:

a. certified copy of the public record or the child's birth certificate;

b. a notarized Children's Dependency Determination Affidavit, NAVMC Form 11346, completed by the child's physical custodian, or a notarized statement attesting to the amount of support and the dates received;

c. a statement made and signed by the Marine, as to whether the member is the natural father (male Marines only); and

d. certified copies of all legal and court documents pertaining to the paternity and/or support of the child(ren).

2. Processing and filing of the dependency application will be handled as previously described in paragraph 1004 of this Manual.

2006. CHECKLIST FOR SUBMITTING DEPENDENCY APPLICATIONS (NAVMC FORM 10922) FOR DEPENDENT CHILDREN. See chapter 1, figure 1-2, for the checklist to be used for the type of dependency application covered in this chapter. Those responsible for the delivery of recruits to the Marine Corps recruit depots should also use the checklist to ensure recruits with dependents have all the required documentation with them when reporting to recruit training.

2004

NA\	/MC 1	10922 (F	PUCATION (1751) REV. 4-01) (EF) ious editions which a		INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET								G
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SECTION 3 CUSTODIAN INFORMATION	DEP NO		FULL NAME OF CU	STODIAN		RELATION DEPEN				ADDR	RESS AND ZIP	CODE	
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NOI		1	NFORMATION CONCER	NING PRESE	NT MARRIAC	GE	HAVE YOU BE	EN PREVIOU	SLY MA		HAS PRESEN PREVIOUSLY	T SPOUSE BEEN MARRIED?	
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ND INF			OT MARRIED				BELOW.					ATION REQUE	
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MARITAL STATUS OF SERVICE REGARDING SUFP	IS THEF	RE A COURT	ORDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE	TO SUPPORT/MAINTE	NANCE/PATERN	IITY?			-	L	
SECTION 4 1	X	YES	IF YES, STATE DATE AN	D PLACE (cou	nty and state) V	VHERE SUCH ORDER	AGREEMENT W	AS ISSUED A	ND ATT.	ACH A C	OPY.		
SEC		2	20010608 ONSLOW	COUNTY	NORTH CA	AROLINA (DA	TE COURT	ORDER I	FILED)			
ORI	GINAL	-	_						Designe	ed Using	FormFlow 2.2	2, HQMC/AR	SE, Apr 01

Figure 2-1a - Sample Format of a NAVMC Form 10922 for a Dependent Child Where Neither the Marine Father Nor the Mother Is/Has Been Married.

NA۱	/MC 10922 (Rev	/. 4-01)	(EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE	t, middle) AN		
Arent of Drces	HAS NATURAL PARE	NT OTHER	THAN CLAIMANT O	F CHILD(REN) LISTED EVI	er been a member	OF ANY U.S. ARMED FORCES	3?		
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES				IFYING INFORMATION (F		parent, SSN, grade, type of ser	vice, branch of		
AED FORCES	HAS YOUR SPOUSE	ev er been	N A MEMBER OF ANY	U.S. ARMED FORCES?					
N ARN	YES. IF YES	S, COMPLE	ETE THE BLOCKS BEL	SW.					
DUSE	SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	BAH		
SECTION 6 SPOUSE IN ARMED			REGULAR RESERVE				WITH DEPENDENTS WITHOUT DEPENDENTS BAH DIFF		
CERTIFICATION	I CERTIFY that all the knowledge and belied any allowances paid inform my commany status of my dependents, or the	ef, and l d on laws ding offic dents, wh	consent to checkag and regulations. I er of any change in lether it be the gair	e against my pay for will immediately the number and/or	hereon or obtain application, to n extent necessar	orm, I hereby authorize rel ned as a result of the proce ny claimed dependents or y for the proper adjudication gal obligation to support m	essing/adjudication of this custodians thereof, to the on of benefits, entitlements		
CERTIFIC						123 45 6789	90 7		
N 7 0			(Signat ure of	Marine)		Security Number)	SGT (Grade)		
SECTION 7	Subscribed and sworn before me this	1	0 day of	June 0	1				
	Document V	Viewed			Т. Ј. 5	(Signature and Title of STEWART, CWO2, USM			
							e Name grade of attesting officer)		
	FOR USE BY COMMAND	APPROVING	AUTHORITY: FORWARDED TO CMC	FOR USE BY UNIT DIARY		FOR USE BY C	MC APPROVING AUTHORITY:		
	APPROVED AS CLAIMED		(CODE MRP-1) FOR APPROVAL FOR	REPORTED ON UNIT D	DIARY:				
			DEPENDENT NUMBERS	NO.					
	DEPENDENT NUMBERS:	-							
≻				DATED					
ING AUTHORITY	APPROVED FO			RUC					
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APPROV	CHILD RESIDES IN		COURT						
8	MEMBER'S HOUSEHOLD (Recertify annu	(ally)	ORDER						
SECTION	No Court Orde	er F							
S	(Signature o	of comman	ding officer)	-					
	JOHN A. MAY,								
	(Typed name and			-					
	-		RDIV FMFLANT	_					
	(Unit	t Des ignati	on)						
	SINAL					Designed Using Forn	Flow 2.22, HQMC/ARSE, May 01		

Figure 2-1b - Sample Format of a NAVMC Form 10922 for a Dependent Child Where Neither the Marine Father Nor the Mother Is/Has Been Married.

G (CHECK ONE) NAVMC 10922 (REV. 4-01) (EF) WHERE ADDITIONAL SPACE IS NECESSARY TO (Supersedes all previous editions which are COMPLETE ITEMS, USE SEPARATE SHEET CHANGE IN DEPENDENTS obsolete and will not be used) DATE OF APPLICATION (Check one) SN: 0109-LF-984-9800 CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION X GAIN START 20010609 NAME OF MARINE (Last, first, middle) SSN GRADE TYPE OF SERVICE MARINE, ALONZO DEAN 123 45 6789 SGT X USMC USMCR ORGANIZATION AND STATION PREPARING THIS APPLICATION SECTION 1. NTIFICATION UNIT RUC DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS 1ST BN 6TH MARINES 2D MARDIV FMFLANT LATER) CAMP LEJEUNE NC 28547 12160 000613 FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE ECC TO INACTIVE DUTY 040612 RELATIONSHIP (if child, indicate step, adopted, ward or born out of wedlock) DATE ALLOWANCE CLAIMED FROM (If NAME OF DEPENDENT COMPLETE ADDRESS DATE OF BIRTH NO. (Day, Mo., Year) (Include full given name) (Include Zip Code) give date of approved, DEPENDENT INFORMATION Prev 123 FOURTH ST 1 TONYA CAROL MARINE 07071977 19980814 SPOUSE JACKSONVILLE NC 28540 DEPENDENT DAUGHTER 2 400 1ST STREET JILL ELISE CASSELL TWENTYNINE PALMS CA 92278 08062000 20010608 3 SECTION 2 4 5 6 SECTION 3 CUSTODIAN INFORMATION Furnish the follow ing information concerning custodian of any dependent named above DEP RELATIONSHIP TO FULL NAME OF CUSTODIAN ADDRESS AND ZIP CODE NO DEPENDENT HEATHER FAY CASSELL SAME AS ABOVE 2 MOTHER HAS PRESENT SPOUSE B 4 MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATER NITY HAVE YOU BEEN PREVIOUSLY MARRIED? INFORMATION CONCERNING PRESENT MARRIAGE PREVIOUSLY MARRIED? NO OF NO OF X NO X NO YES YES TIMES FULL GIVEN NAME OF SPOUSE DATE PLACE (County and State) TIMES IF EITHER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED 19980814 RENO NV TONYA CAROL GRAY BELOW INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary) FORMER MARRIAGE OF REASON (Check one) NAME OF THE SPOUSE IN DATE OF Place of dissolution (Check one) THE DISSOLVED MARRIAGE DISSOLUTION (County and State) YOUR-DEATH ANNULMENT DIVORCE SPOUSE SELF

DEPENDENCY DETERMINATION AND BAH MANUAL

INSTRUCTIONS

REASON FOR THIS APPLICATION

IS THERE	A COURT	ORDER OR WRITTEN AGREEMENT IN EFFE	CT RELATIVE TO S	SUPPORT/M	AINTENANCE/PATERNIT	TY?	
	NO						
\mathbf{X}	YES	IF YES, STATE DATE AND PLACE (count	ty and state) WHEF	RE SUCH O	RDER/AGREEMENT WAS	S ISSUED AND ATTA	CH A COP

20010608 ONSLOW COUNTY NORTH CAROLINA (DATE COURT ORDER WAS FILED)

ORIGINAL

SECTION

DEPENDENCY APPLICATION (1751)

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

Figure 2-2a - Sample Format of a NAVMC Form 10922 for a Married Marine with Authorized Dependents When an Additional Dependent Child Is Added, and Who Does Not Live in the Household Maintained by the Marine.

NAV	/MC 10922 (Rev	v. 4-01)	(EF) Page 2			NAME OF MARINE (Las MARINE, ALONZO	t, first, middle) DEAN
SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES		S, LIST AL	L AVAILABLE IDE	OF CHILD (REN) LISTED EVI NTIFYING INFORMATION (F ervice, and full name of child	Full name of natural p		
SECTION 6 SPOUSE IN A RMED FORCES	NO		I A MEMBER OF AN	IY U.S. ARMED FORCES?			
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	knowledge and belie any allowances paid	ef, and lo don laws ding offic dents, wh	consent to checka and regulations. er of any change ether it be the ga	in the number and/or	hereon or obtain application, to n extent necessary	ed as a result of the p ny claimed dependents	e release of any information rocessing/adjudication of this s or custodians thereof, to the cation of benefits, entitlements
SECTION 7 CERTIFICATION	Subscribed and sworn before me this		(Signature o 0	of Marine) June 0 all documents viewe	(Social	TEWART, CWO2, U	
SECTION 8 APPROVING AUTHORITY	JOHN A. MAY, (Typed name and ISTBN 6THMAH	R CHILD BO DOCK FOR DE R MCO ECK ONE isally) of comman MAJOR grade of co	FORWARDED TO CMM (CODE MPP-1) FOR APPROVAL FOR DEPENDENT NUMBER COURT ORDER ding officer) mmmanding officer) RDIV FMFLANT	REPORTED ON UNIT E	DIARY:	FOR USE	BY CMC APPROVING AUTHORITY:

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

Figure 2-2b - Sample Format of a NAVMC Form 10922 for a Married Marine with Authorized Dependents When an Additional Dependent Child Is Added, and Who Does Not Live in the Household Maintained by the Marine.

NA\	/MC 1	0922 (I	PUCATION (1751 REV. 4-01) (EF) vious editions which a		WHERE ADD	NSTRUCTION DITIONAL SPACE IS N TE ITEMS, USE SEPAR	ECESSARY TO	REASON		APPLICATIO ECK ONE)	N	G	
obsc	lete an		ot be used)			PPLICATION			CH CH	GE IN DEPEN (Check one) IANGE IN DEPEN LOSS (EXPLAIN	DENTS	7	
						20010609				CERTIFICATION		GAIN	
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DEPENC	3												
SECTION 2	4												
8	5												
NAIC		the follow	ving information concern	ing custodia	n of any deper	ndent named above).).						
SECTION 3 CUSTODIAN INFORMATION	DEP NO FULL NAME OF CUSTODIAN					RELATION DEPENI			ADD	RESS AND ZIF	CODE		
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Marital status of Service Regarding Suff			ORDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE	TO SUPPORT/MAINTE	NANCE/PATERN	ITY?			ļ		
4		NO YES	IF YES, STATE DATE AN	D PLACE (cou	nty and state) W	HERE SUCH ORDER	AGREEMENT WA	S ISSUED A	ND ATTACH A	COPY.			
SECTION			20010609 ONSLOW	COUNTY	NORTH CA	AROLINA (DA	TE COURT	ORDER	FILED)				
ORI	GINAL	0		_		NAMA D	100		Designed Usin	g FormFlow 2.:	22, HQMC/ARS	SE, Apr 01	

Figure 2-3a - Sample Format of a NAVMC Form 10922 for a Marine Requesting Dependency for a Dependent Child Who Was Born Prior to the Marine's Entry Into Military Service.

NAV	VMC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE	it, middle) ZAN		
AL PARENT OF ED FORCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD(REN) LISTED EVI	ER BEEN A MEMBER (DF ANY U.S. ARMED FORCES	5?		
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES	YES IF YES, LIST ALL AVAILABLE IDENT I service, inclusive dates of active servi			irent, SSN, grade, type of sen	vice, branch of		
ECTION 6 SPOUSE IN A RMED FORCES							
SE IN A	YES. IF YES, COMPLETE THE BLOCKS BELO						
SPOU	SSN GRADE TYPE OF SERVICE E	BRANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	BAH WITH DEPENDENTS		
SECTION 6	REGULAR RESERVE				WITHOUT DEPENDENTS		
ICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in status of my dependents, whether it be the gain dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtained application, to m extent necessary	y claimed dependents or (essing/adjudication of this custodians thereof, to the on of benefits, entitlements		
CERTIFICATION			1	23 45 6789	PFC		
	(Signature of M	arine)		Security Number)	(Grade)		
SECTION 7	Subscribed and sworn day of	June 0	1				
	Document Viewed (List and attach all	documents viewe	a) T. J. STI	(Signature and Title of EWART, CWO2, USMC,			
		documents viewe	u)		be Name grade of attesting officer)		
	FOR USE BY COMMAND APPROVING AUTHORITY:	FOR USE BY UNIT DIARY		FOR USE BY C	MC APPROVING AUTHORITY:		
	APPROVED AS CLAIMED CLAIMED CCODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS	REPORTED ON UNIT D	DIARY:				
	APPROVED FOR 1	NO.					
	DEPENDENT NUMBERS:						
È		DATED					
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NG AL	OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO						
APPROVING AUTHORITY	P5512.11. CHECK ONE	ENTRIES REPORTED:					
8 8	RESIDES IN MEMBER'S HOUSEHOLD COURT ORDER						
SECTION	(Recertify annually) No Court Order						
SEC							
	(Signature of commanding officer)						
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)						
	Unit Designation)						
ORIC	GINAL	I		Designed Using Form	nFlow 2.22, HQMC/ARSE, May 01		

Figure 2-3b - Sample Format of a NAVMC Form 10922 for a Marine Requesting Dependency for a Dependent Child Who Was Born Prior to the Marine's Entry Into Military Service.

NA\ (Sup	MC 1	0922 (R s all previ	PLICATION (1751) EV. 4-01) (EF) ous editions which a		WHERE ADD	NSTRUCTION ITIONAL SPACE IS N E ITEMS, USE SEPAR	ECESSARY TO	REASON FOR THIS APPLICATION (CHECK ONE) CHANGE IN DEPENDENTS				G	
		LF-984-98	: be used) 800		DATE OF AF			ST ST		(Check one) CHANGE IN DEPEND	DENTS	GAIN	
			E (Last, first, middle)		SSN	20010609		GRADE		OF SERVICE	SECTION 1	GAIN	
			ONZO DEAN		123 45 6789			SGT			U	SMCR	
SECTION 1. NTIFICATION	1ST	BN 6TH	AND STATION PREPARI MARINES 2D MAR UNE NC 28547					UNIT RUC DATE OF CURRED DATE REPORTIN LATER)			DUTY (WHICHE		
ν	FUTURE	ADDRESS	S AND ETA IF TRANSFE	RISANTICI	CIPATED WITHIN 60 DAYS			0612	DATE OF TO INACT	200106 LAST DISCHARGE OR NE DUTY		RELEASE	
_	NO.		IE OF DEPENDENT ude full given name)		COMPLETE ADDRESS (Include Zip Code)					DATE OF BIRTH (Day, Mo., Year)	DATE ALLC CLAIMED F previously a give date of	oproved,	
DEPENDENT INFORMATION	1	JILL EL	ISE GRAY		OURTH ST SONVILLE	NC 28540		DEPENDE DAUGHT		08062000	20010	530	
DENT INF	2	JUSTIN	DAVID CASSELL		ST STREET NTYNINE P	<u>ALMS CA 9227</u>		DEPENDE SON	ENT	14081998	20010	416	
	3												
SECTION 2	5												
	6												
DDIAN	Furnish	Furnish the follow ing information concerning custodian of any dependent named above.											
SECTION 3 CUSTODIAN INFORMATION	DEP NO		FULL NAME OF CU	STODIAN		RELATION DEPENI			A	DDRESS AND ZIP (CODE		
SECTIO	1 2 H	TONYA (IEATHE	ONYA CAROL GRAY EATHER FAY CASSELL			MOTHER MOTHER			E AS ABO E AS ABO	OVE			
TION		11	NFORMATION CONCER	NING PRESE	ENT MARRIAGE HAVE			EN PREVIOU		PREVIOUSLY	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?		
IFORMA.	DATI	E PLAC	E (County and State)	FULL	GIVEN NAME	OF SPOUSE		IO YES NO OF NO YES HER ANSWER ABOVE IS "YES", GIVE INFORMATION REC				TIMES	
			T MARRIED				BELOW.						
POUSE Y	FO MARR	RMER JAGE OF	NAME OF THE SP		DATE OF		Place of di		<u>10002 (00</u>		SON (Check or		
IBMBER AND SPOUSE AND INFORMATION RT/PATERNITY	YOUR- SELF	SPOUSE	THE DISSOLVED M	ARRIAGE	DISSOLUTIO	N	(County a			DEATH	ANNULMENT	DIVORCE	
20													
OF SERVI RDING SI													
M ARITAL STATUS OF SERVICE I REGARDING SUFP													
			I ORDER OR WRITTEN AGRE	ement in eff	ECT RELATIVE T	O SUPPORT/MAINTE	NANCE/PATERN	IITY?				I	
SECTION 4	X		IF YES, STATE DATE ANI DEPN #1: 20010530	ONSLOW	COUNTY 1	NORTH CARO	LINA						
	GINAL	E	DEPN #2: 20010416	MONTER	REY COUNT	I'Y CALIFORN	A	,		RT ORDERS FIL	,	E, Apr 01	

Figure 2-4a - Sample Format of a NAVMC Form 10922 for Dependent Children and Each has a Different Mother/Custodian.

_

NA۱	/MC 10922 (Rev. 4-01) (EF) Page 2		NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN								
Arent of Droes	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?										
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES	YES IF YES, LIST ALL AVAILABLE IDENT IFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren). TONYA CAROL GRAY, 987654321, CPL, U.S. ARMY, 03/99 - 09/01, JILL ELISE GRAY										
ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U NO YES. IF YES, COMPLETE THE BLOCKS BELO										
SECTION 6 SPOUSE IN ARMED FORCES		RANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	BAH WITH DEPENDENTS						
SECTIO	RESERVE				BAH DIFF						
CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtain application, to m	ease of any information essing/adjudication of this custodians thereof, to the on of benefits, entitlements / dependents.							
			1	23 45 6789	SGT						
SECTION 7	(Signature of M	arine)	(Social	Security Number)	(Grade)						
SEC.	Subscribed and sworn 10 day of	attesting officer)									
	Document Viewed (L1st and attach a	ll documents view	ed) <u>1. J. S</u>	TEWART, CWO2, USM (Type Name grade of a							
	FOR USE BY COMMAND APPROVING AUTHORITY: FORWARDED TO CMC CLAIMED FORWARDED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS	FOR USE BY UNIT DIARY REPORTED ON UNIT D		FOR USE BY C	MC APPROVING AUTHORITY:						
٤	APPROVED FOR 1 & 2 DEPENDENT NUMBERS:	NO									
ING AUTHORITY	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO										
8 APPROV	P5512.11. CHECK ONE CHILD RESIDES IN MEMBER S HOUSEHOLD (Recetify annually)	ENTRIES REPORTED:									
SECTION	No Court Order ´´										
	(Signature of commanding officer)										
	JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)										
	Unit Designation)										
ORIC	GINAL	<u>.</u>		L Designed Using Form	Flow 2.22, HQMC/ARSE, May 01						

Figure 2-4b - Sample Format of a NAVMC Form 10922 for Dependent Children and Each Has a Different Mother/Custodian.

NA						INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET		REASON FOR THIS APPLICATION (CHECK ONE)				
obso	lete ar		not be used)		DATE OF APPLICATION			CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS				_
						20010609		Х зт		LOSS (EXPLAIN CERTIFICATION		GAIN
		NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN			SSI	N 123 45 67	89	GRADE SGT			L	SMCR
NTIFICATION	1ST	BN 6T	N AND STATION PREPAR H MARINES 2D MAE EUNE NC 28547		LANT		DATE OF CURRENT ENLISTMENT/APPOINTMENT DATE REPORTING FOR ACTIVE DUTY (WHICHEN LATER) 0000613					
z	FUTUR	E A D DRE	SS AND ETA IF TRANSFE	ER IS ANTICI	IPATED WITH	N 60 DAYS	ECC	0612	DATE OF LA	AST DISCHARGE OI /E DUTY	R DATE OF LAST	RELEASE
	NO.		AME OF DEPENDENT nclude full given name)			E ADDRESS Zip Code)	(if child	RELATIONS I, indicate ste prbornout o	p,adopted,	DATE OF BIRTH (Day, Mo., Year)	DATE ALLO CLAIMED previously a give date of	pprovea,
DEPENDENT INFORMATION	1	JILL	ELISE CASSELL	123 FO JACK	OURTH ST SONVILLE	NC 28540		DEPENDE DAUGHT		08062000	20010	608
DENT INFO	2											
	3											
SECTION 2	4											
	6											
	Furnish	n the follo	w ing information concern	ing cus todiar	n of any depe	ndent named above).					
	DEP NO		FULL NAME OF CU	STODIAN	RELATIONSHIP TO DEPENDENT			ADDRESS AND ZIP CODE				
	1	TON	YA CAROL CASSEL	L	MOTHER			SAME AS ABOVE				
			INFORMATION CONCER	RNING PRESE	ENT MARRIAG	Ε	HAVE YOU BE	VE YOU BEEN PREVIOUSLY MARRIED? HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?				
	DAT	TE PL	ACE (County and State)	FULL	GIVEN NAME OF SPOUSE			YES			YES	NO OF TIMES
			OT MARRIED			BELOW.				S", GIVE INFORM		
IPPORT/PATERNITY	FC MARI	<u>MATION</u> DRMER RIAGE OF eck one)	NAME OF THE SP	OUSE IN	CH FORMER MARRIAGE OF BOTH YOURSELF. DATE OF Place of dis DISSOLUTION (County a					REASON (Check one)		
PATERNI	YOUR- SELF		THE DISSOLVED N	IARRIAGE			(County a	County and State)		DEATH	ANNULMENT	DIVORCE
SUPPORT/												
ARDING												
Marital status of Servic Regarding Su												
	IS THER		RT ORDER OR WRITTEN AGRE	EMENT IN EFF	ECT RELATIVE	TO SUPPORT/MAINTE	NANCE/PATERN	IITY?			ł	•
4		YES	IF YES, STATE DATE AN	D PLACE (cou	inty and state) W	HERE SUCH ORDER	AGREEMENT W	AS ISSUED A	ND ATTACH	A COPY.		
SECTION			20010608 ONSLOW	COUNTY	NORTH CA	ROLINA (DA'	TE COURT	ORDER I	FILED)			
ORI	GINAL								Designed Us	sing FormFlow 2.2	22, HQMC/AR	SE, Apr 01

Figure 2-5a - Sample format of a NAVMC Form 10922 for a Dependent Child Born or Conceived by a Woman Who is Married to Someone Other Than the Marine.

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NAV	VMC 10922 (Rev. 4-01) (EF) Page 2	NAME OF MARINE (Las t, firs MARINE, ALONZO DE								
ARENT OF DRCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?									
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES	YES IF YES, LIST ALL AVAILABLE IDENT IFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren).									
V ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U NO YES. IF YES, COMPLETE THE BLOCKS BELOV									
USEIN	SSN GRADE TYPE OF SERVICE B	RANCH OF SERVICE	INCLUSIVEDAT	ES OF ACTIVE SERVICE	BAH					
SECTION 6 SPOUSE IN ARMED	REGULAR RESERVE				WITH DEPENDENTS					
CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	/claimed dependents or (essing/adjudication of this custodians thereof, to the on of benefits, entitlements							
CERTIFI		23 45 6789	SGT							
SECTION 7	(Signature of M	ecurity Number)	(Grade)							
SECT	Subscribed and sworn 10 day of June 01									
	(Signature and Title of attesting officer) Document Viewed (List and attach all documents viewed) T. J. STEWART, CWO2, USMC, PERSO									
				(Type Name grade of	attesting officer)					
	FOR USE BY COMMAND APPROVING AUTHORITY: APPROVED AS CLAIMED APPROVED AS CLAIMED APPROVED AS CLAIMED APPROVEN NUMBERS	FOR USE BY UNIT DIARY REPORTED ON UNIT D		FOR USE BY C	MC APPROVING AUTHORITY:					
	APPROVED FOR 1 DEPENDENT NUMBERS:	NO								
۲		DATED								
	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS	RUC								
DNING	ELIGIBILITY PER MCO P5512.11. CHECK ONE	ENTRIES REPORTED:								
8 APPI	CHILD RESIDES IN MEMBER S HOUSEHOLD (Recetify anually)									
SECTION	No Court Order									
	(Signature of commanding of ficer)									
	JOHN A. MAY, MAJOR									
	(Typed name and grade of commanding officer) ISTBN 6THMAR 2DMARDIV FMFLANT									
	(Unit Designation)									
ORIC	GINAL			Designed Using Forn	nFlow 2.22, HQMC/ARSE, May 01					

Figure 2-5b - Sample format of a NAVMC Form 10922 for a Dependent Child Born or Conceived by a Woman Who is Married to Someone Other Than the Marine.

CHAPTER 3

PARENTS/PARENTS-IN-LAW/STEPPARENTS/ADOPTIVE PARENTS/IN LOCO PARENTIS

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REQUIRED PREREQUISITES	3002	3-3
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ANNUAL REVIEW FOR DEPENDENCY OF PARENTS/PARENTS-IN-LAW/ STEPPARENTS/ADOPTIVE PARENTS/IN LOCO PARENTIS	3005	3-5
CHECKLIST FOR SUBMITTING NAVMC FORM 10922	3006	3-5

FIGURE

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	DEPENDENT	3-13

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CHAPTER 3

PARENTS/PARENTS-IN-LAW/STEPPARENTS/ADOPTIVE PARENTS/IN LOCO PARENTIS

3000. <u>GENERAL INFORMATION</u>. Only the CMC (MRP-1) can determine the dependency involving parents, parents-in-law, stepparents, adoptive parents, or persons who stood "in loco parentis" for entitlement to BAH, travel, and transportation allowances.

3001. <u>SUPPORT FOR PARENTS/PARENTS-IN-LAW/STEPPARENTS/ADOPTIVE PARENTS</u>. There is no legal requirement for Marines to support their parents, parents-in-law, stepparents, or adoptive parents, although it is within the Marine's discretion to do so. No provision exists for the payment of BAH on behalf of parents or parents-in-law, unless the Marine requests it, and it is approved by the CMC (MRP-1).

3002. <u>REQUIRED PREREQUISITES</u>. The CMC (MRP-1) will determine if the Marine's parents, parents-in-law, stepparents, or adoptive parents meet the prerequisites required for approval of dependency. The commanding officer is responsible for ensuring that the Marine's application, NAVMC Form 10922, is submitted with a Dependency Statement - Parent, DD Form 137-3 (figure 3-1), completed by the parents/parents-in-law, and notarized. Those persons who have stood in loco parentis must complete an In Loco Parentis Affidavit, figure 3-2, which may be produced locally. Approval will normally be granted if:

1. The parents, parents-in-law, stepparents, or adoptive parents, were dependent on the Marine for more than 50 percent of their monthly support prior to the Marine's entry on active duty.

2. If the parent was not dependent upon the Marine prior to the Marine's entry on active duty, a change of circumstances (i.e., loss of job, death of supporting spouse, etc.) must have occurred whereby the parent had become dependent on the Marine as the principal means of support. BAH will be approved from the date sufficient support was provided.

3. The parents', parents'-in-law, stepparents', or adoptive parents', income from sources other than the Marine's contribution is less than 50 percent of the natural parent's monthly expenses.

4. The support provided by the Marine is more than 50 percent of the parent's monthly expenses.

3003. <u>DEPENDENCY FACTORS</u>. When applying for BAH for dependent parents, parents-in-law, stepparents, or adoptive parents, the Marine should be aware of the following:

1. Unliquidated capital assets are not considered income, and parents are not required to deplete these assets as a condition of establishing dependency. However, proceeds derived from the assets (i.e., rent of property, operation of a business, dividends from stocks or bonds, etc.) are considered to be income.

2. Payments from Veterans Administration, social security, unemployment compensation, and pensions are considered as income.

3. A parent's residence in a charitable institution does not necessarily prevent the Marine from receiving BAH, provided other conditions are met.

4. Contributions from welfare, supplemental security income or other charitable organizations are considered as income.

5. A custodial or legal guardian may complete a Dependency Statement – Parent, DD Form 137-3 (figure 3-1), for an incapacitated, hospitalized, or mentally incompetent parent.

6. If a parent dies before completing a DD137-3 (figure 3-1), payment of BAH may not be made on behalf of such parent.

3004. <u>IN LOCO PARENTIS STATUS</u>. Those parties who have stood "in loco parentis" for 5 continuous years, prior to the Marine's entry on active duty or attaining 21 years of age, must complete a DD Form 137-3 (figure 3-1), and an In Loco Parentis Affidavit (figure 3-2), and attach them to the Marine's Dependency Application NAVMC Form 10922, submitted to the CMC (MRP-1) for determination. A person who stood "in loco parentis" even though possibly approved for BAH purposes, is not an eligible dependent for an ID card authorizing any privileges.

3005. ANNUAL REVIEW FOR DEPENDENCY OF PARENTS/PARENTS-IN-LAW/STEP-PARENTS/ADOPTIVE PARENTS/IN LOCO PARENTIS.

1. The CMC (MRP-1) will annually correspond directly with the parent of the Marine who has been authorized BAH for the past year. The Marine will be provided an information copy of the annual redetermination letter to the parent. This annual review requires the parent complete a new DD Form 137-3 (figure 3-1), have it notarized, and return it to the CMC (MRP-1).

2. If upon review, it is discovered that the Marine is not providing support in an amount greater than 50 percent of the parent's expenses or that the income of the parent from sources other than the Marine is greater than 50 percent of the parent's expenses, BAH for the parent will be terminated. If the parent fails to furnish the affidavit within a 30-day period, BAH in behalf of the parent will be terminated.

3006. <u>CHECKLIST FOR SUBMITTING NAVMC FORM 10922</u>. Figure 3-3 is a checklist for the type of dependency applications covered in this chapter. It will be used by those responsible for the preparation and review of applications prior to forwarding them to CMC (MRP-1).

DEPENDENCY STATEMENT - PARENT		CONTROL NUMBER	Form Approved OMB No. 0730-0014 Expires May 31, 2004		
The public reporting burden for this collection of information is estimated to average 1.25 h gathering and maintaining the data needed, and completing and reviewing the collection of of information, including suggestions for reducing the burden, to Department of Defr (0730-0014), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Re subject to any penally for failing to comply with a collection of information if it does not dis PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN C	ense, Washington He ispondents should be play a currently valid (adquarters Services, Directora aware that notwithstanding ar MB control number.	ate for Information Operations and Reports ny other provision of law, no person shall be		
PRIVACY AC	T STATEMEN	Г			
AUTHORITY: 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; EC	9397, Novem	ber 1943.			
PRINCIPAL PURPOSE: To obtain information to determine dep	endency upon	service member.			
ROUTINE USE(S): Copies of the dependency statement, relate to the FBI for law enforcement; the IRS and state and local tax entitlement and prevent duplication of payment; the Defense F cases; welfare agencies to prevent duplication of payment; and in delinquent loans owed to ARC.	ing agencies f inance and Ac	or tax administration counting Service for	; the VA to determine final determination in appeal		
DISCLOSURE: Voluntary; however, the SSN is used for positi the member's application may be disapproved.	ve identificatio	n and if the required	information is not furnished,		
INSTR	UCTIONS				
The member must complete Items 1 and 2, and sign and c unable to complete the form due to health or physical disability and have the form notarized. If a representative completes the of the individual, the relationship, and the reason the form wa information furnished must reflect the 12 months prior to mem NOTES: Answer all questions. If any question does not apply, write when required. Incomplete answers will delay final action on the appl contribution is required when applying for Basic Allowance for Housin	y) must comple e form for the p s not complete nber's death. "NOT APPLICAE lication. Verifica	ete Items 3 through 1 parent(s), include in d by parent(s). If the LE" or "N/A" in that blo ation of all income is red	2, sign and date the form, the Remarks section the name e member is deceased, ock. Use the Remarks section quired. Proof of member's		
1. ENTITLEM ENTS REQUESTED (X and complete as applicable)					
a. TYPE b. FIRST APPLICATION?		c. LAST APPLICATION	WAS		
BAH USIP CARD YES (If No, give date of last appl. TRAVEL ALLOWANCE NO (YYYYMMDD)	ication)	cation) APPROVED DISAPPROVED			
2. MEMBER INFORMATION		DISATINOVED			
a. NAME (Last, First, Middle Initial)		b. SSN	C. RANK		
d. STATUS (X and complete as applicable) ACTIVEDUTY NATIONAL GUARD ARMY RETIRED RESERVE MARINE CORPS e. COMPLETE RESIDENCE ADDRESS (Street, Apartment Number, City, State, Zite)	NAVY AIR FORCE P Code)	DECEASED (Date of dea OTHER (Specify)	nth) (YYYYMMDD)		
f. COMPLETE MILITARY ADDRESS (Include assignment: squadron and base)					
g. TELEPHONE NUMBERS (Include DSN or Area Code) h. E-MAIL ADDR (1) WORK (2) HOME	ESS				
		SINGLE	SEPARATED WIDOWE		
3. PARENT(S) INFORMATION					
a. (1) NAME (Last, First, Middle Initial)	b. (1) NAME (L	ast, First, Middle Initial)			
(2) SSN (3) DATE OF BIRTH (YYYYMMDD)	(2) SSN	(3)	DATE OF BIRTH (YYYYMMDD)		
(4) RELATIONSHIP	(4) RELATIONSHIP				
	ORM 1868, FEB 19 R 1985, WHICH AF	98 AND NAV MC FORM 1 RE OBSOLETE.	1165, Page 1 of 5 Page		
Figure 3-1A - Sample Dependency St	atement	- Parent, 1	DD Form 137-3		

1								
3. PARENT(S) INFORMATION	1 /							
a. (5) COMPLETE ADDRESS (S	treet, Apartment Num	ber, City, State, ZIPC	ode) b. (5) COMPLE	ETE ADDRESS (Street, Apartment	t Number, City, State, ZIP Code)			
(6) TELEPHONE NUMBER (Includ	le Area Code)		(6) TELEPHON	ENUMBER (Include Area Code)				
(7) PRESENT OCCUPATION OR	BUSINESS		(7) PRESENT O	CCUPATION OR BUSINESS				
(8) NAME AND ADDRESS OF EN	IPLOYER (If unemploy	ed, state reason, date	(8) NAME AND	ADDRESS OF EMPLOYER (If une	employed, state reason, date			
unemployment began, and da	te employment is exp	ected to resume.)	unemploym	ent began, and date employment	is expected to resume.)			
c. MARITAL STATUS (X one)			d. IF SPOUSE	IS DECEASED OR LEGALLY SEPA	ARATED FROM PARENT. GIVF			
	DIVODOFD			EATH, DIVORCE, OR SEPARATIO				
	DIVORCED			. ,	. ,			
SINGLE	LIVING APART SEPARATION	UNDER LEGAL						
		EDOES NOT SUBSO		20NI:				
e. IF PARENT AND SPOUSE LIV	E AFARI UR SPUUS	LUCES NUT SUPPOR	FARENI, GIVE REAS	JUN.				
f. CHILDREN (List all parent's li if more space is needed.)	ving children regardles	ss of age. Show the a	average monthly contri	bution to parent from each child.	Continue in Remarks section			
(1) N	AME		(2) SSN	(3) BRANCH OF SERVICE	(4) MONTHLY CONTRIBUTION			
(Last, First, I		(Servi	ice Members Only)					
g. DOES ANY OTHER CHILD CI	AIM PARENT FOR BA	H, TRAVEL ALLOWA	NCE, OR USIP CARD?	(If Yes, give child's name, SSN,	and branch of service.)			
YES				· · · ·				
NO								
4. PARENT'S RESIDENCE								
a. TYPE OF RESIDENCE (X and	complete as annlicable	le)						
		- /		RTMENT OF FRIEND OR RELATIV	VE (State relationship)			
HOME OR APARTMENT OF								
				INSTITUTION				
Date began residing with r	(Date began residing with member) HOSPITAL OR INSTITUTION							
			OTHER (Explain	n)				
b. OWNER OF RESIDENCE	tial)		Apartment Number	City State ZIP Code				
(1) NAME (Last, First, Middle Init	uai)	(2) ADDRESS (Street	t, Apartment Number,	ony, State, ZIP CODE)				
c. IS RESIDENCE	d. DATE PARENT ST		e. IS CURRENT AD	DRESS PARENT'S PERMANENT A	DDRESS?			
SUBSIDIZED HOUSING?	CURRENT ADDR	ESS(YYYYMMDD)	YES (If No, exp	olain where else parent lives and r	number of months there each			
YES			year.)					
NO			NO					
DD FORM 137-3, MA	(2001				Page 2 of 5 Pages			

Figure 3-1B - Sample Dependency Statement - Parent, DD Form 137-3

DEPENDENCY	DETERMINATION	AND	BAH	MANUAL
------------	---------------	-----	-----	--------

5. PERSONS LIVING IN HOUSEHOLD WITH PARENT List <u>all</u> persons who live in the household, including claimed parent. If employed, show hours per week worked. Continue in Remarks if more space is needed.										
		h PEL			d. MAR		•	EM PLOYED		f. MONTHLY
a. NAME (Last, First, Middle I	nitial)		b. RELATIONSHIP TO PARENT		GE YES	NO		ER WEEK	NO (X)	CONTRIBUTION TO PARENT
6. HOUSEHOLD EXPENSES										
List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If parent resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If parent does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If RRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section. However, if parent resides in and owns home mortgage free, enter "None" in mortgage/rent/FRV block. FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the parent lives. This sum is an amount the owne can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed exparately.								Id or in a dwelling dwelling owned by air Rental Value was age/rent/FRV block. an amount the owner		
ITEM		(1) T MONTHLY (PENSE	(2) TOTAL EXPENSE PAST 12 MONT			ITEM			(1) MONTHLY PENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. (X one) RENT FRV MORTGAGE (Specify amount of tax and insurance if				d	APPLIANC					
applicable) TAX				e	e. REPAIRS C	о номе				
INSURANCE										
b. FOOD				f	. OTHER (Ite section)	emize in R	emarks			
c. UTILITIES (Heat, power, water, and telephone)					oconony					
 PARENT'S PERSONAL EX List personal expenses for household. Do not list person expenses regardless of who is 	[.] parent, ial exper	parent's spo uses for the n								
ITEM		(1) T MONTHLY (PENSE	(2) TOTAL EXPENSE PAST 12 MONT			ITEM		PRESENT	(1) MONTHLY PENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING				g	g. PRIVATE (If auto is parent's na	regis tere				
b. LAUNDRY AND DRY CLEANING				h	n. MONTHLY	TRANSP				
c. MEDICAL (Do not include expenses paid by insurance, welfare, or Medicare)					TION PAYMENTS (Include gas, oil, insurance, repairs, and public transportation) i. SCHOOL EXPENSES (Itemize)		repairs, tation)			
d. VALUE OF USIP CARD (Verification of amount is required)							,,			
e. PERSONAL INSURANCE (Specify)					. OTHER EXI	PENSES	Itemize)			
				'						
f. PERSONAL TAXES (Specify)										
L										1

DD FORM 137-3, MAY 2001

Page 3 of 5 Pages

Figure 3-1C - Sample Dependency Statement - Parent, DD Form 137-3

8. PARENT'S ASSETS

List all assets such as real estate (including home), personal property, farm and/or business equipment, automobiles, trucks, cash, savings of any type, stocks, bonds, etc., whether owned separately by parent, jointly with spouse, or jointly by parent or spouse with another person. Assets must be listed even though parent may not be using the income earned by these assets, but is allowing the interest of dividends to accrue.

a. DESCRIPTION	b. PRESENT VALUE	c. PARENT'S EQUITY

d. IS PARENT LIQUIDATING ASSETS? (For example, is parent withdrawing money from savings, or selling stocks and bonds?)

YES. IF YES, HOW MUCH OF PARENT'S CAPITAL IS USED MONTHLY? \$

NO EXPLAIN:

9. PARENT'S INCOME

All gross income received by parent and parent's spouse, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. If any income received includes funds for children, be sure to show the amount received for them. List income for parents and children separately. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PARENT/ CHILDREN	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			i. SCHOLARSHIPS OR	Parent		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.			EDUCATIONAL GRANTS	Children		
C. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION			j. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR	Parent		
(Specify type)			(Specify type)	Children		
d. NET INCOME FROM RENTAL PROPERTY, BUSINESS AND			k. SUPPLEMENTAL	Parent		
FARMING (Specify type and explain in Remarks section)			SECURITY INCOME (SSI)	Children		
e. FOREIGN PENSION PAYMENTS (Specify type and if received based on previous employment,			I. VETERANS ADMINISTRATION PAYMENTS (Specify	Parent		
parent's need, age, military service, etc., in Remarks section)			type)	Children		
f. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			m. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN	Parent		
g. TAX REFUNDS (Specify)			(Include agency and address in Remarks section)	Children		
h. OTHER (Specify)			n. PAYMENT OR ALIMONY FROM SEPARATED OR	Parent		
			DIVORCED SPOUSE	Children		
o. HAS PARENT OR SPOUSE APPLIE YET RECEIVED? (If Yes, explain.) YES NO		PENSION, SOCIAL	SECURITY, VA, DISABILITY, U	NEMPLOYMEN	T, OR RETIREMENT	PAYMENTS NOT
IF PARENT OR SPOUSE HAS REACHE	ED THE ELIGIBILITY	AGE FOR SOCIAL SE	CURITY BENEFITS (Unremarried	lwidoworwia	ower, 60 or older, re	etired, 62 or older),

BUT DOES NOT RECEIVE THEM, FURNISH DISALLOWANCE LETTER FROM THE SOCIAL SECURITY ADMINISTRATION. DD FORM 137-3, MAY 2001

Page 4 of 5 Pages

Figure 3-1D - Sample Dependency Statement - Parent, DD Form 137-3

DEPENDENCY	DETERMINATION	AND	BAH	MANUAL
------------	---------------	-----	-----	--------

0. MEMBER'S CONTR	RIBUTION				
a. SHOW THE TOTAL A	MOUNT THE MEMBER GAV	E PARENT, OR PAID IN PA	RENT'S BEHALF FOR EAC	H OF THE PAST 12 MONTHS	
1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT
MEMBER PROVIDES S	UPPORT BY (X one) ation is required for BAH clai	ims) ALLOTME		PERSONAL CHECK	MONEY ORDER
. REMARKS (Use back	· · · · · · · · · · · · · · · · · · ·				
nceals, or covers up ons, or makes or use: fined as provided in is form may be referr I make the foregoin 7, formerly section ovided in this title.) 2. SIGNATURES	ny matter within the juris b by any trick, scheme, o s any false writing or do n Title 18, or imprisoned red to the appropriate Mi ng claim with full knowle	diction of any departme r device, a material fac cument knowing the sau not more than 5 years, litary Service investigat edge of the penalties inv	ent or agency of the Uni t, or makes any false, fi me to contain any false, or both (U.S. Code, titl ive agency. olved for willfully makir	ND HAVE IT NOTARIZED. ted States, knowingly and fictitious, or fraudulent stat fictitious, or fraudulent s e 18, section 1001). The ng a false claim. (U.S. Co years and subject to a fin	ements or represent tatement or entry, s information provide ode, title 18, section
nceals, or covers up ns, or makes or use: fined as provided in is form may be referr I make the foregoin 7, formerly section ovided in this title.) 2. SIGNATURES a. PARENT(S)	ny matter within the juris b by any trick, scheme, o s any false writing or do n Title 18, or imprisoned red to the appropriate Mi ng claim with full knowle	diction of any departme r device, a material fac cument knowing the sai not more than 5 years, litary Service investigat cdge of the penalties inv is follows: Imprisonmer	ent or agency of the Uni t, or makes any false, fi ne to contain any false, or both (U.S. Code, titl ive agency. olved for willfully makin t for not more than five	ted States, knowingly and ictitious, or fraudulent stat fictitious, or fraudulent s e 18, section 1001). The ng a false claim. (U.S. Co	ements or represen tatement or entry, s information provide ode, title 18, section ne in the amount
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nceals, or covers up ns, or makes or use: fined as provided in is form may be referr I make the foregoin 7, formerly section is ovided in this title.) 2. SIGNATURES A. PARENT(S) I, will immediately r PARENT'S SIGNATURE D. NOTARY PUBLIC Subscribed and du	ny matter within the juris by any trick, scheme, o s any false writing or do n Title 18, or imprisoned red to the appropriate Mi ng claim with full knowle 80, provides a penalty a notify the service concer E	diction of any departme r device, a material fac cument knowing the sai not more than 5 years, litary Service investigat sidge of the penalties inv s follows: Imprisonmer (print name ned of any changes in r (2) DATE SIGNED (YYYYMMDD) b before me according t	ent or agency of the Uni t, or makes any false, fi ne to contain any false, or both (U.S. Code, titl ive agency. olved for willfully making t for not more than five a) and esidency, financial circu (3) PARENT'S SIGNATU b) law by the above name	ted States, knowingly and ictitious, or fraudulent stat fictitious, or fraudulent s e 18, section 1001). The ng a false claim. (U.S. Co e years and subject to a fir mstances, or dependency IRE	(Print nan (YYYYMMDD)
nceals, or covers up ons, or makes or use e fined as provided in is form may be referr I make the foregoin 37, formerly section a ovided in this title.) 2. SIGNATURES a. PARENT(S) I, will immediately r D PARENT'S SIGNATURE b. NOTARY PUBLIC Subscribed and du his day c	ny matter within the juris by any trick, scheme, o s any false writing or do n Title 18, or imprisoned red to the appropriate Mi ng claim with full knowle 80, provides a penalty a notify the service concer E	diction of any departme r device, a material fac cument knowing the sai not more than 5 years, litary Service investigat dige of the penalties inv is follows: Imprisonmer (print name ned of any changes in r (2) DATE SIGNED (YYYYMMDD) before me according t	ent or agency of the Uni t, or makes any false, fi ne to contain any false, or both (U.S. Code, titl ive agency. olved for willfully making t for not more than five a) and esidency, financial circu (3) PARENT'S SIGNATU b) law by the above name	ted States, knowingly and ictitious, or fraudulent stat fictitious, or fraudulent stat e 18, section 1001). The ng a false claim. (U.S. Co e years and subject to a fin umstances, or dependency RE	(Print nam (YYYYMMDD)
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nceals, or covers up ons, or makes or use: e fined as provided in is form may be referr 1 make the foregoin 37, formerly section ovided in this title.) 2. SIGNATURES a. PARENT(S) I, will immediately r D PARENT'S SIGNATURI 5. NOTARY PUBLIC Subscribed and du his day conduction nd state (or territory)	ny matter within the juris by any trick, scheme, o s any false writing or do n Title 18, or imprisoned red to the appropriate Mi g claim with full knowle 80, provides a penalty a notify the service concer E	diction of any departme r device, a material fac cument knowing the sai not more than 5 years, litary Service investigat dige of the penalties inv is follows: Imprisonmer (print name ned of any changes in r (2) DATE SIGNED (YYYYMMDD) before me according t	ent or agency of the Uni t, or makes any false, fi ne to contain any false, or both (U.S. Code, titl ive agency. olved for willfully making t for not more than five a) and esidency, financial circu (3) PARENT'S SIGNATU b) law by the above name	ted States, knowingly and ictitious, or fraudulent stat fictitious, or fraudulent s e 18, section 1001). The ng a false claim. (U.S. Co e years and subject to a fin unstances, or dependency RE ed affiant(s). , county of 	(Print nan (YYYYMMDD)

Figure 3-1E - Sample Dependency Statement - Parent, DD Form 137-3

IN LOCO PARENTIS AFFIDAVIT

Because you are not the natural parent of the Marine, it is necessary for you to answer the questions listed below in addition to those questions in the Dependency Statement - Parent (DD Form 137-3).

Ι,	do hereby swear (affirm) that:
	On or about theday of,,,,,, came to, came to, came to, e in my home and continued to live with me until
2.	My relationship to the Marine is
3.	During the period of time specified in paragraph 1, the Marine was/was not (circle one) under my parental control.
4.	The circumstances under which the Marine became a member of my household under my custody are as follows:
_	

5. The parents of the Marine are/are not (circle one) living. If living, state the extent to which they have maintained control over and responsibility for the Marine, including support contributions:

6. The name and address of the Marine's natural parents, if living:

7. I am/am not (circle one) the legally appointed guardian of the Marine. (Submit a certified copy of the court order of adoption or guardianship.)

8. (Use this space and back page for any additional information you may wish to submit.)

(Date)

(Signature)

Figure 3-2 - In Loco Parentis Affidavit.

r	
	CHECKLIST FOR SUBMISSION OF THE NAVMC FORM 10922 FOR PARENTS
	Has the completed and notarized Dependency Statement - Parent, DD Form 137-3 (figure 3-1), been attached to the application? Has the completed In Loco Parentis Affidavit (figure 3-2) been attached to the application?
	Has the Marine's parent(s)/parents-in-law completed the DD Form 137-3 (figure 3-1) and has the person(s) who stood in loco parentis also completed an In Loco Parentis Affidavit (figure 3-2)?
	Has the Marine been counseled concerning the prerequisites that must be met before a parent or person who stood in loco parentis (person(s) who acted in place of Marine's parent's for 5 continuous years while the Marine was under 21 years of age and prior to the Marine's entry on active duty), or parent-in-law can be determined an eligible dependent for BAH purposes?
	Have dependent ID cards been issued? If so, recover them. Parents/parents-in-law are not entitled to ID cards until the BAH is approved by the CMC (MRP-1).
	Have all the attached documents been mentioned in the Certification Section of the Dependency Application, NAVMC Form 10922?
	Has attesting officer viewed all the attached documents and signed the NAVMC Form 10922?
	Has the commanding officer signed the application and checked the appropriate box for the CMC (MRP-1) determination?

Figure 3-3 - Checklist for Submission of the NAVMC Form 10922 for Parents.

NA۱	/MC 1	0922 (R	PLICATION (1751) EV. 4-01) (EF)		WHERE ADD	NSTRUCTIO	NECESSARY		REASO	N FOR		APPLICATIO IECK ONE)	N	G	
obsc	lete an		ous editions which a be used) 800	ire		E ITEMS, USE SEPA	RATE SHEE	:1			-	GE IN DEPEN (Check one) HANGE IN DEPEN	DENTS		
						20010609			X s⁻	FART		LOSS (EXPLAIN CERTIFICATION		GAIN	
			E(Last, first, middle) DNZO DEAN		SSI		700		grade SGT		YPE OF	SERVICE USMC		USMCR	
л.			AND STATION PREPAR	ING THIS AF		123 45 6		IIT RU		-		RENT ENLISTME			
SECTION 1. NTIFICATION	1ST	BN 6TH	MARINES 2D MAR UNE NC 28547						160	DATE		ING FOR ACTIVI		HEVER IS	
2	FUTURE	ADDRESS	S AND ETA IF TRANSFE	R IS ANTICI	PATED WITHI	N 60 DAYS	EC	с 0406	512		OF LAS ACTIVE	T DISCHARGE O DUTY	R DATE OF LA	ST RELEASE	
_	NO.		IE OF DEPENDENT ude full given name)			E ADDRESS Zip Code)		child,	ELATIONS indicate ste born out o	ep,adopt	ea,	OATE OF BIRTH (Day, Mo., Year)	I CLAIME	LOWANCE D FROM (If y approved, of approval)	
DEPENDENT INFORMATION	1	JILL EL	ISE MARINE		OURTH ST SONVILLE	NC 28540			MOTHE	R		20021940	200	10608	
TINFO	2														
ENDEN	3														
	4														
SECTION 2	5														
	6														
IAN	Furnish	the follow	ing information concern	ing custodiar	n of any deper	ndent named abov	/e.								
USTOD \TION	DEP		-	-		RELATION									
SECTION 3 CUSTODIAN INFORMATION	NO		FULL NAME OF CU	STODIAN		DEPEN			ADDRE			RESS AND ZIP CODE			
SECTIC															
		11	NFORMATION CONCER	NING PRESE	NT MARRIAG	iΕ	HAVE YO	DU BEE	BEEN PREVIOUSLY MARRIED?				HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?		
M BMBER AND SPOUSE AND INFORMATION ORT/PATERNITY	DATE	E PLAC	E (County and State)	FULL	GIVEN NAME	OF SPOUSE			YES		NO OF TIMES		YES	NO OF TIMES	
4D INFO							IF EITHE BELOW.	ERAN	SWER AB	OVEIS	" YES" ,	GIVEINFORM	ATION REQ	JESTED	
JSE AP		MATION C	ONCERNING DISSOLU	TION OF EA		IARRIAGE OF BO	TH YOURS	SELF A	ND/OR S	POUSE	(Contin	1			
0 SPOI		IAGE OF ck one)	NAME OF THE SPO THE DISSOLVED N		DATE OF				solution			RE	ASON (Check	(one)	
er ani Atern	YOUR- SELF	SPOUSE			2.000207.		(COL	unity an	d State)			DEATH	ANNULME	NT DIVORCE	
M EMBE ORT/P.															
ERVICE G SUPP															
s of Se Arding															
STATUS														_	
Marital status of Service I Regarding Supp	IS THERE		CRDER OR WRITTEN AGRE	ement in EFF	ECT RELATIVE	TO SUPPORT/MAINT	ENANCE/PA	TERNI	TY?				ļ		
SECTION 4 N		YES	IF YES, STATE DATE AN	D PLACE (cou	nty and state) W	HERE SUCH ORDER	AGREEMEN	NT WAS	S ISSUED A	ND ATT	ACHA	COPY.			
SEC															
ORI	GINAL									Design	ed Usin	g FormFlow 2.	22, HQMC/A	RSE, Apr 01	

Figure 3-4a - A Dependency Application, NAVMC Form 10922, Submitted for Claiming a Mother as a Dependent.

NAV	VMC 10922 (Rev. 4-01) (EF) Page 2			NAME OF MARINE (Last, firs MARINE, ALONZO DE	t, middle) AN				
PARENT OF FORCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF	CHILD (REN) LISTED EVE	ER BEEN A MEMBER	OF ANY U.S. ARMED FORCES	3?				
SECTION 5 NATURAL PARENT CHILD IN ARMED FORCES									
RMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U								
SE IN A	YES. IF YES, COMPLETE THE BLOCKS BELOV				DAU				
SPOU	SSN GRADE TYPE OF SERVICE B	BRANCH OF SERVICE	INCLUSIVEDA	TES OF ACTIVE SERVICE	BAH WITH DEPENDENTS				
SECTION 6 SPOUSE IN ARMED	RESULAR RESERVE				WITHOUT DEPENDENTS				
CERTIFICATION	I CERTIFY that all the above statements are true knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I w inform my commanding officer of any change in t status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtain application, to m extent necessary	orm, I hereby authorize rel ed as a result of the proce by claimed dependents or of for the proper adjudicatic al obligation to support my	essing/adjudication of this custodians thereof, to the on of benefits, entitlements				
CERTIF			1	23 45 6789	SGT				
	(Signature of M	arine)		Security Number)	(Grade)				
SECTION 7	Subscribed and sworn	June 01	1						
	Document Viewed (List and attach all	documents viewed	l) <u> </u>	(Signature and Title of STEWART, CWO2, USM	IC,PERSO				
	FOR USE BY COMMAND APPROVING AUTHORITY:	FOR USE BY UNIT DIARY	CLERK:	(Type Name grade of a	attesting officer) MC APPROVING AUTHORITY:				
	APPROVED AS CLAIMED X CLAIMED X CLAI	REPORTED ON UNIT D	NARY:						
	APPROVED FOR	NO							
≻	NUMBERS:	DATED							
лнокп	APPROVED FOR CHILD BORN	RUC							
DVING AUTHORITY	OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE	ENTRIES REPORTED:							
APPRO	CHILD RESIDES IN MEMBER'S HOUSEHOLD ORDER								
SECTION 8	HOUSEHOLD CRDER (Recertify annually) No Court Order								
SEC	(Signature of commanding officer)								
	JOHN A. MAY, MAJOR								
	(Typed name and grade of commanding officer)								
	1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)								
ORIC	GIN & I			Designed Using Form	Flow 2.22, HQMC/ARSE, May 01				

Figure 3-4b - A Dependency Application, NAVMC Form 10922, Submitted for Claiming a Mother as a Dependent.

3-14

CHAPTER 4

DEPENDENTS OF MARINES IN A NONPAY STATUS

	PARAGRAPH	PAGE
GENERAL INFORMATION	4000	4-3
ADMINISTRATIVE INSTRUCTIONS	4001	4-3
MARINE IN PRETRIAL CONFINEMENT IN A FOREIGN COUNTRY	4002	4-4
PAYMENT	4003	4-4

FIGURE

4-1	SAMPLE FORMAT FOR A LETTER TO NOTIFY ADULT DEPENDENT OF THE RIGHT TO BE PAID BAH	4-5
4-2	SAMPLE FORMAT OF APPLICATION FOR BAH, MEMBER IN A NONPAY STATUS	4-6
4-3	SAMPLE FORMAT OF A BAH APPLICATION FOR MEMBER IN A NONPAY STATUS IN PRETRIAL CONFINEMENT IN A FOREIGN COUNTRY. BAH PREVIOUSLY PAID FOR A TWO MONTH PERIOD	4-7
4-4	MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION, NAVMC FORM 11116	4-8

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CHAPTER 4

DEPENDENTS OF MARINES IN A NONPAY STATUS

4000. GENERAL INFORMATION

1. A dependent of a Marine who is not residing in Government Housing, and is living in a household maintained by the Marine, for which the Marine is receiving BAH, may request to be paid BAH directly; if all of the following conditions exist for 30 or more days:

- a. Marine has entered an unauthorized absence status,
- b. Marine is in the hands of civil authorities, or
- c. Marine is in pretrial confinement in a foreign country.

2. This benefit is only authorized for Marines in pay grade E-1 through E-4 with 4 years or less active duty. Payment of BAH not to exceed 2 months from the first day of absence. Exceptions to this policy will be considered for any enlisted Marine in pretrial confinement in a foreign country, and should be requested from the CMC (MRP-1) on a case-by-case basis when extreme financial hardship for the dependent exists.

4001. ADMINISTRATIVE INSTRUCTIONS

1. After a 30 day absence, the commanding officer is responsible for notifying the primary next of kin dependent, by letter, of their right to make application for BAH during the Marine's absence. See figure 4-1 for a sample letter. Figure 4-2 or 4-3, as applicable, should be enclosed with the letter for completion and returned to the Marine's commanding officer.

2. The dependent's application for BAH (figure 4-1) must be received at CMC (MRP-1) within 90 days after the date the absence commenced for a determination of eligibility. If the command failed to notify the proper dependent in a timely manner of the right to apply for BAH, and that failure resulted in the late receipt of the application after the 90-day stipulation, the Marine's commanding officer will request the CMC (MRP-1) to waive the 90-day limitation. The request must contain information concerning the reason for the delay and the date the dependent was actually notified.

3. A request to the CMC (MRP-1) for BAH in excess of 60 days must include the appropriate documentation shown in figure 4-2 or 4-3. The following applies:

a. an itemized list of monthly expenses, and

b. a notarized statement made and signed by the dependent itemizing the income from all sources.

Payment of BAH in excess of 60 days is only authorized for Marines in pretrial confinement in a foreign country. Once a determination is made, the CMC (MRP-1) will notify the Marine's commanding officer of the decision. The commanding officer will in turn notify the dependent of the decision.

4. After the completed form shown in figure 4-2 or 4-3 is received by the commanding officer, the finance officer will be notified. Commands not located in the same geographical location as the finance officer are authorized to submit all pertinent information to the finance officer.

4002. <u>MARINE IN PRETRIAL CONFINEMENT IN A FOREIGN COUNTRY</u>. Payments of BAH for a Marine in pretrial confinement in a foreign country can be authorized by the commanding officer for enlisted members in the grades of E-1 through E-4, with 4 years or less active duty. A Marine in the grade of corporal and higher with 4 years or more active duty must have approval from the CMC (MRP-1) for payment. These payments are not to exceed 2 months without further approval from the CMC (MRP-1).

4003. <u>PAYMENT</u>. Payment will be accomplished by the commanding officer's submission of a Miscellaneous Military Pay Order/Special Payment Authorization, NAVMC Form 11116, to the finance officer. See figure 4-4.

4002

Unit Heading

1751

Dear____:

I regret that your (RELATIONSHIP), (GRADE, NAME) USMC, is still (absent without leave from this organization; in pretrial confinement in a foreign country; in the hands of civil authorities). Public law authorizes the payment of Basic Allowance for Housing (BAH) directly to the adult next of kin. Under certain circumstances, you may be entitled to this allowance, which is not to exceed 2 months.

Enclosed is an application for (NAME of SNM)'s BAH. Please complete this enclosure, have it notarized, and return it to me in the enclosed envelope no later than (60 days). If approved, payment will be made directly to you.

*If your spouse's pretrial confinement should exceed 60 days and you are suffering a financial hardship, you may submit an additional request for BAH.

I regret that you must suffer the hardships associated with your (RELATIONSHIP)'s situation. If I may be of further assistance to you, please do not hesitate to contact me at the address above.

Sincerely,

JOE J. MARINE Major, U.S. Marine Corps Commanding

Encl: (1) (2)

*Use only if applicable

Figure 4-1 - Sample Format of Letter to Notify Adult Dependent of the Right to be Paid BAH.

Application for BAH Pursuant to Public Law 93-64 and DODFMR par. 30251

Part A: Completed by Command

(LAST)		(FIRST)	(M) (SSI	N) (R/	ANK/GRADE)
Nonpay Status () UA	() IHCA () Pretrial Confinement	in a Foreign Cou	ntry		
. Name of Dependent						
	(LAST)	(FIRST)	(M)	(RELATIONSHIP)	
_		(COMPLE	TE ADDRESS)			
Date of Nonpay Status _				_		
	(DAY)	(MONTH)	(YEAR)		_	
		(SIGNATURE OF CC	MMANDING OFFI	CER)		
		Part B: Comple	ted by Depend	dent		
		Part B: Comple	ted by Depend	dent		(DATE
. It is requested that	at as a result (Part B: Comple		lent		(DATE
			baid BAH.		my residence.	(DATE
		of status, I be p above is not residing wit	baid BAH.		my residence.	(DATE
		of status, I be p above is not residing wit	Daid BAH. th or has not join DF DEPENDENT)	ned me at	my residence.	(DATE
I certify that the	Marine listed	of status, I be p above is not residing wit (SIGNATURE (Part C: Comp	Daid BAH. Th or has not join OF DEPENDENT)	ned me at		
	Marine listed	of status, I be p above is not residing with (SIGNATURE of Part C: Comp d) before me according	Daid BAH. Th or has not join OF DEPENDENT) Ieted by Nota	ned me at	- 	day of
L certify that the ubscribed and duly sworn to at city (or town) of	Marine listed	of status, I be p above is not residing with (SIGNATURE of Part C: Comp d) before me according	Daid BAH. Th or has not join OF DEPENDENT) Ieted by Nota	ned me at	- 	day of
I certify that the	Marine listed	of status, I be p above is not residing with (SIGNATURE of Part C: Comp d) before me according	Daid BAH. Th or has not join OF DEPENDENT) Ieted by Nota	ned me at	- 	day of

Figure 4-2 - Sample Format of Application for BAH, Member in a Nonpay Status.

4-6

Application for BAH Pursuant to Public Law 93-64 and DODFMR 7000.15-R, *****par. 30251

Part A: Completed by Command

							(DATE)
Marine's Name							
(LAST)		(FIRST)		(M)	(SSN)	(RANK/GF	RADE)
1. Nonpay Status () Pretrial Con	finement in a Foreign	Country				
2. Name of Dependent							
	(LAST)	(FIRST)		(M)	(RELATIONSHIP)		
-		(COM	IPLETE ADDRESS)			
- 3. Date of Nonpay Statu	IS						
	(DAY)	(MONTH)	(YEAR)				
		(SIGNATURE O	F COMMANDING	-			
		Part B: Con	npleted by De				
							(DATE)
1. Request that I	be provided B	AH in addition to the :	2 months previo	usly autho	prized because of fina	ancial hardshi	
				-			r.
2. Let I certify that t	he Marine liste	ed above is not residin	g with or has no	ot joined r	ne at my residence.		
		(SIGNATI	JRE OF DEPENDI	ENT)			
		Part C: C	ompleted by I	Notary			
Subscribed and duly swo	rn to (or affirn	ned) before me accord	ding to law by th	ne above-	named affiant this -	—— day of -	
20 at city (or town)							
My commission expires:							
		(SIGNA	TURE OF NOTAF	RY)			
Figure 4-3 - S	ample Fo	rmat of a BAB	H Applicat	tion f	or Member in	. a Nonpa	av

Status in Pretrial Confinement in a Foreign Country.

MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION

NAVMC 11116 (REV. 5-90) (EF) (Previous editions are obolete and will not be used) SN: 0109-LF-065-3800

			DATE	RUC			
NAME OF INDIVIDUAL (LAST, FIRST, MI)			SSN	ECC			
TO DISBURSING OFFICER: YOU ARE AUTHO				ADJUST THE INDIVIDUALS			
MILITARY PAY ACCOUNT FOR TRANSACTIONS INDICATED YOU ARE DIRECTED TO MAKE THE FOLLOWING SPECIAL PAYMENT BASED ON THE TRANSACTIONS INDICATED							
PAYMENTS (F	Requires Comma	nding Office	er's Signature)				
TYPE: PAYDAY ADJUSTMENT PI	JRPOSE:	SEVERE HARI	DSHIP E	VENTS AGED 60 DAYS OR MORE			
SPECIAL MEMBER'S JUMP/MMS RECORD NOT IN CENTRAL SITE ACCESSION MESSAGE ATTACHED							
TYPED NAME/GRADE OF COMMANDING OFFICER	SIGNATURE OF C	COMMANDING	OFFICER	DATE			
	ADJUSTM	ENTS					
ADVANCE PAY PAY MONTHS	ADVANCE PAY INC	DIDENT TO PC	s orders. Re	PAYMENT MONTHS			
			FOR ASSIGNMENT	TO A REMOTE LOCATION			
ADVANCE	HS ADVANCE HOUS		NCE TO BE REPAID	LIN MONTHLY PAYMENTS.			
UNIT DIARY NO. EFFECTIVE DATE	DATED		REPORTED				
OTHER							
CERTIFYING OFFICER TYPED NAME, GRADE TITLE	SIGNATURE OF CO	OMMANDING	OFFICER	DATE			

Figure 4-4 - Sample Miscellaneous Military Pay Order/Special Payment Authorization, NAVMC Form 11116.

4-8

CHAPTER 5

MARINE CORPS RESERVISTS

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GENERAL INFORMATION	5000	5-3
APPROVAL LEVEL OF THE DEPENDENCY APPLICATION, NAVMC FORM 10922	5001	5-3
RECORDS	5002	5-3
CHECKLIST FOR SUBMITTING DEPENDENCY APPLICATIONS, NAVMC FORM 10922	5003	5-3

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CHAPTER 5

MARINE CORPS RESERVISTS

5000. <u>GENERAL INFORMATION</u>. On each occasion a dependent is gained or lost, members of the Marine Corps Reserve will submit a Dependency application, NAVMC Form 10922, under the same regulations as active duty members; however, the date the allowance is claimed from will be left blank for the purpose of mobilization, entry on active duty for training, or for reenlistment to active duty.

5001. APPROVAL LEVEL OF THE DEPENDENCY APPLICATION, NAVMC FORM 10922

1. Commanding officers of separate companies, detachments, squadrons, etc., that are located apart from their parent commands are authorized to approve NAVMC Form 10922 authorized for command approval. Forward NAVMC Form 10922 directly to the CMC (MMSB-20).

2. NAVMC Form 10922s requiring the CMC (MRP-1) approval or diary action are to be forwarded with the appropriate blocks marked in the "Approving Authority" section.

5002. <u>RECORDS</u>. Each OQR and SRB must contain a current NAVMC Form 10922 for Marines in receipt of BAH at the dependent rate, listing all the Marine's dependents. Each dependent must reflect an approval or disapproval from the commanding officer or the CMC (MRP-1), as applicable. Upon determination of each NAVMC Form 10922, the CMC (MRP-1) will return a copy to the originating command for inclusion in the Marine's SRB or OQR.

5003. <u>CHECKLIST FOR SUBMITTING DEPENDENCY APPLICATIONS</u>, NAVMC FORM 10922. The applicable checklists in chapters 1 through 3 should be used, as appropriate.

CHAPTER 6

DEPENDENT SUPPORT

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ALIMONY AND CHILD SUPPORT	6002	6-3
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GARNISHMENT PROCEDURES FOR ENFORCEMENT OF CHILD SUPPORT AND ALIMONY OBLIGATIONS	6004	6-5

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CHAPTER 6

DEPENDENT SUPPORT

6000. <u>GENERAL INFORMATION</u>. The provisions of this chapter apply to the support of dependents of Marines, including complaints of nonsupport or inadequate support, involuntary child and spousal support allotments, and garnishment of pay for enforcement of child and spousal support obligations.

6001. INFORMATION AND POLICY FOR THE SUPPORT OF DEPENDENTS. All Marines are expected to provide adequate and continuous support for their lawful dependents and comply with the terms of separation/ property settlement agreements and court orders. The policy of the Marine Corps regarding financial support of family members is set forth in Chapter 15 of the current version MCO P5800.16A (LEGADMINMAN). Failure to do so is punishable under Article 107 (False Official Statement) and Article 121 (Larceny) of the Uniform Code of Military Justice (UCMJ).

6002. ALIMONY AND CHILD SUPPORT

1. Regulations regarding dependents for whom BAH or other allowances are payable, are defined in the Department of Defense Financial Management Regulation 700.15-R (DODFMR), Volume 7A, Chapter 26. For purposes of qualifying for BAH, a former spouse is not a dependent even though alimony has been decreed. Marines are expected to comply with the terms of court orders or divorce decrees which adjudge payments of alimony, even though BAH is not payable until the responsibility for compliance is terminated by a civil court or competent jurisdiction or by written agreement between the persons concerned.

2. If the decree is silent as to alimony payments, it is presumed that the court intended no such payments.

3. Where a valid court order exists, and the Marine concerned is financially unable or refuses to comply, the Marine will be advised that noncompliance with the terms of that order renders the Marine liable to further action by civil courts and UCMJ, as well as adverse administrative action per reference (b).

4. The duty of Marines to support their minor children is not terminated by desertion or other misconduct on the part of the spouse. Similarly, the obligation to support a child or children is not eliminated or reduced by dissolution of the marriage through divorce; unless the judicial decree

or order specifically terminates or alters the Marine's support obligation. The fact that a divorce decree is silent relative to support of minor children, or does not mention a child or children, will not be interpreted as relieving the Marine of the inherent obligation to provide support for the child(ren) of the marriage.

6003. COMPLAINTS OF NONSUPPORT OR INADEQUATE SUPPORT OF DEPENDENTS

1. All complaints alleging nonsupport or inadequate support of dependents will be promptly acknowledged and the complainant shall be informed of the action taken in accordance with chapter 15 of MCO P5800.16A.

2. Upon receipt by the CMC (MRP-1) of a complaint alleging that a Marine is not adequately supporting lawful dependents, the Marine's command will be notified of the complaint and will be directed to interview and counsel the Marine regarding support obligations. The command will be directed to respond to the alleged complaint and provide all supporting documentation to the CMC (MRP-1). If the member has previously been the subject of a similar allegation, the member's command will be notified by the CMC (MRP-1). Servicemembers should be advised by their command of the complaint, and appropriate action should be taken within the time period required by MCO P5800.16A.

3. The Marine concerned should be advised that in the absence of a determination by a civil court or a mutual agreement of the parties, the amount of support provided to a dependent should not be less than the BAH received on behalf of that dependent.

a. If in receipt of BAH-Diff for payment of child support, support may not be less than the amount received for that dependent.

b. If in receipt of BAH-With, support should be in compliance with reference (b).

6004. <u>GARNISHMENT PROCEDURES FOR ENFORCEMENT OF CHILD SUPPORT AND</u> ALIMONY OBLIGATIONS

1. Information pertaining to the pay of servicemembers, active and retired, may be found in DFAS P2220.31-R, subject to legal process for the enforcement of child support or alimony payment. "Legal process" may be in the form of garnishment, attachment, wage assignment, orders to withhold and delivery, and other forms.

6003

2. Upon receipt of such legal process, it will be forwarded immediately to the Director, Defense Financing and Accounting Service Cleveland, Attention: DFAS-GAG/CL, P.O. Box 998002, Cleveland, OH 44199-8002. The letter of transmittal will state the date of service and method by which service was made.

CHAPTER 7

ALLOWANCE FOR HOUSING TO SURVIVING DEPENDENTS

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AMOUNT AND METHOD OF PAYMENT	7002	7-4

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CHAPTER 7

ALLOWANCE FOR HOUSING TO SURVIVING DEPENDENTS

7000. ELIGIBILITY

1. Effective 1 January 1998, an allowance for housing will be paid to dependents of Marines who die in the line of duty when one of the following conditions exists:

a. the dependents do not occupy Government housing on the date of death,

b. the dependents are occupying Government housing on rental basis on the date of death,

c. the dependents vacate Government housing within 180 days of the Marine's death, or

d. the dependents cannot be claimed by another servicemember for BAH.

2. The allowance terminates 180 days after the date of the Marine's death.

3. When the Marine is killed by a dependent(s), BAH is not payable to that dependent(s) unless there is evidence which clearly absolves said dependent(s) of any felonious intent.

7001. <u>PRIORITY OF PAYMENT</u>. Payments to the surviving dependent(s) will be made in the following order:

1. Current spouse (not including a military spouse eligible to receive housing allowances for the same dependent(s) as the deceased Marine).

2. If there is no current spouse, the housing allowance will be divided equally among the dependent(s) on whose behalf the Marine was entitled to receive "with-dependents" BAH.

7002. AMOUNT AND METHOD OF PAYMENT

1. The allowance shall be paid in the same amount and in the same manner as the deceased Marine would have been paid and may be paid in a lump sum as an advance payment. For payment of BAH, see DODFMR, volume 7A.

2. Examples are:

7002

a. Marine died 5 January 1999, and dependents vacated nonrental Government housing on 12 February 1999. Pay BAH to the dependents at the appropriate monthly rate for 12 February through 4 July 1999, which is the 180th calendar day after the date of death.

b. Marine died 16 March 1999, the Marine's dependents did not occupy Government family-type housing. Pay BAH to the dependents for the period beginning 17 March through 12 September 1999, a total of 180 calendar days. The dependents would receive 14 days in March, the entire 30/31 days for the months of April, May, June, July, and August, and 12 days in September.

c. Payments under this section are not subject to collection of any debts owed by the deceased member to the United States.

APPENDIX A

DEFINITIONS

ABSENT PARENT - Any individual who is absent from the home and has a duty to provide financial support for a dependent child(ren), more commonly referred to as non-custodial parent (NCP) or obligor.

ADJUDICATION - The entry of a judgment, decree or order by a judge or other decision maker such as a master, referee, or hearing officer based on the evidence submitted by the parties.

ADMINISTRATIVE PROCESS – A statutory system granting authority to an executive agency to determine child(ren) support legal obligations, including paternity, establishment, order establishment, enforcement, and modification.

AFFIDAVIT – A written statement signed under oath or by affirmation, which is usually notarized.

ALLEGED FATHER – A person who has been named as the father of a child(ren) born out of wedlock, but who has not been legally determined to be the father; also referred to as putative father.

ARREARAGE - The total unpaid support obligation for past periods owed by an absent parent.

BAH DIFF - An entitlement for child support, based on the member's rank.

CUSTODY - Legal custody is a legally binding determination, which establishes with whom a child(ren) should live. Physical custody is where the person has physical possession of the child(ren), regardless of the legal custody status. Joint custody occurs when two persons share legal and/or physical custody of the child(ren). Split custody occurs when the child(ren) from the same parents are in the legal, sole custody of more than one person.

CUSTODIAL PARENT - A parent who has primary care of the child(ren), which may include having legal custody of the child(ren).

DECREE - The judicial decision of a litigated action, usually in "equitable" cases such as divorce (verses cases in law in which judgments are entered).

DECREE NISI OF DIVORCE - A divorce effective at a specified time unless previously modified or voided by cause shown, further proceedings, or a condition fulfilled (decree).

DEFAULT - The failure of a defendant to file an answer or appear in a civil case within the prescribed time after having been properly served with a summons and complaint.

DEFAULT JUDGMENT - A decision made by the court or administrative authority when the defendant fails to respond or appear.

DEPENDENCY DETERMINATION – A financial decision made to determine if the dependent is financially dependant upon the sponsor for sufficient monthly support.

DEPENDENT - A person who relies upon a servicemember for their financial support.

DEPENDENT CHILD/CHILDREN - Child/Children born out of wedlock.

DISABLED - Any restriction or lack of ability to perform an activity in the manner and within the range considered normal for a human being.

DIVORCE - The legal separation of a husband and wife affected by the judgment or decree of a court.

FOREIGN DIVORCE - A divorce obtained out of the United States and its territories.

GARNISHEE - The person who is responsible for the payment of monies to the garnishment.

GARNISHMENT - A legal proceeding whereby a person's property, money or credit, in the possession of or under the control of a third party, is withheld from the garnishee and is applied to the payment of the defendant's debt.

IHCA - In the Hands of Civil Authorities.

INCAPACITATE - To limit in ability, power, or fitness; disable.

IN LOCO PARENTIS - Acting as a parent by assuming parental duties and responsibilities.

INTERLOCUTORY DECREE OF DIVORCE – Pronounced during the progress of a legal action and having only provisional force.

LEGAL FATHER - A man who is recognized by law as the male parent of another person.

LEGITIMATE CHILD/CHILDREN - Child/Children born of a legal marriage.

A-2

PATERNITY - Legal determination of fatherhood.

PRE-ADOPTIVE - See Ward.

SPOUSAL SUPPORT - Court ordered support of a spouse or former spouse; also referred to as maintenance or alimony.

WAGE WITHHOLDING – A procedure by which automatic deductions are made from wages or income to pay a debt such as child support; may be voluntary or involuntary.

WARD - An unmarried person who is placed in the legal custody of the member, or former member, as a result of an order of a court of competent jurisdiction in the United States (or a territory or possession of the United States) for a period of at least 12 consecutive months and either: a. has not attained the age of 21;

b. has not attained the age of 23 and is enrolled in a full-time course of study at an institution of higher learning approved by the administering Secretary; or

c. is incapable of self support because of a mental or physical incapacity that occurred while the person was considered a dependent of the member or former member; and,

d. is dependent on the member or former member for over one-half of the person's support;

e. Resides with the member, or former member, unless separated by the necessity of military service or to receive institutional care as a result of disability or incapacitation; and,

f. is not a dependent of a member or a former member under any other subparagraph.