



**DEPARTMENT OF THE AIR FORCE  
86TH AIRLIFT WING (USAF)**

**VERIFICATION OF CITIZENSHIP**

**APPLICANT**

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Citizenship

\_\_\_\_\_  
Date of Birth (DD/MON/YYYY)

\_\_\_\_\_  
Place of Birth (State/Country)\*

\*If answer is Germany, were you born in a federal or local hospital?

**Circle one:**      US/Federal      Local

**MOTHER**

\_\_\_\_\_  
Full Name to include Maiden Name

\_\_\_\_\_  
Place of Birth (State/Country)\*

\*If answer is Germany, was she born in a federal or local hospital?

**Circle one:**      US/Federal      Local

**FATHER**

\_\_\_\_\_  
Full Name to include Maiden Name

\_\_\_\_\_  
Place of Birth (State/Country)\*

\*If answer is Germany, was he born in a federal or local hospital?

**Circle one:**      US/Federal      Local

I hereby affirm that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Passport Number

\_\_\_\_\_  
Physical Address (No APO)

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Village

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Expiration Date