



Former Spouse Statement

This 2-page statement must be completed and signed by the unremarried/unmarried former spouse.

Please read this statement carefully. All items must be completed!

1. I _____, born _____, am the former
(name of former spouse)

_____ of _____
(wife/husband) (grade / complete name / Social Security #)

and to the best of my knowledge our marriage lasted at least 20 years, during which period my spouse served at least 15 to 20 years of service creditable in determining eligibility for retired pay.

2. Marriage to the member took place in _____ on
(city/state)

_____ ; date of divorce: _____.

3. I _____ remarried since the date of divorce from member.
(have/have not)

4. I _____ presently employed.
(am/am not)

5. I _____ have medical coverage under an employer-sponsored health insurance plan.
(do/do not)

(If you do have coverage under an employer-sponsored health insurance plan, what is the effective date of your coverage? _____)

-
- Home address: _____
 - City: _____
 - State: _____ Zip: _____
 - Home telephone number: _____
 - Current email address: _____
 - Employer's name and address: _____

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- Work telephone number: _____

Manpower and Reserve Affairs (MMSR-6)
3280 Russell Road, Quantico, VA 22134-5103



So that we can verify the statement in *item number 5*, please provide the following information:

Note: Unremarried or unmarried former spouses applying for an ID card must provide a copy of the marriage certificate and final divorce decree, dissolution or annulment. To complete the ID card process, we will also require you complete the following information:

- Social Security # _____
 - Hair color: _____
 - Eye color: _____
 - Height: _____
 - Weight: _____
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I certify to the best of my knowledge the above information is true and correct. I understand making a false statement in connection with this application is a violation of a Federal Criminal Law which carries a maximum penalty of a \$10,000 fine and 5 years imprisonment. I understand if the information contained in this application is determined to be false, any ID card issued will be retrieved, and I will be liable for reimbursement to the Government for the cost of unauthorized medical care and other benefits received. I understand I am required to immediately notify **Headquarters United States Marine Corps; Manpower and Reserve Affairs (MMSR 6)** of any changes in my present unremarried status or if I obtain medical coverage under an employer-sponsored health benefit plan. I also understand if I remarry and fail to notify MMSR-6 as required above, and then obtain medical care or other benefits, I will be in violation of a Federal Criminal Law, which carries a maximum penalty of a \$10,000 fine and 5 years imprisonment.

(Please print add hand written signature)

(date)

Mail this complete form to:

Headquarters US Marine Corps
Manpower & Reserve Affairs
MMSR 6
3280 Russell Road
Quantico VA 22134-5103

If you need assistance in completing this form call MMSR 6 @ 1-800-336-4649

Retired Services and Pay