



# SELECTIVE SERVICE SYSTEM REGISTRATION FORM

Register online ([www.sss.gov](http://www.sss.gov))  
or complete this form



DO NOT WRITE IN THIS SPACE

PRINT ONLY IN **BLACK INK** AND IN **CAPITAL LETTERS ONLY**

**1** DATE OF BIRTH: (MM-DD-YYYY)  
  -   -

**2** SEX: (Mark with "X")  
 Male  Female

**3** SOCIAL SECURITY NUMBER  
   -   -

**4** LAST NAME

SUFFIX: (Mark with "X")  
      
**JR III**

FIRST NAME & MIDDLE NAME

**5** CURRENT MAILING ADDRESS: STREET ADDRESS & APARTMENT NUMBER

CITY

STATE

ZIP CODE

**6** TODAY'S DATE: (MM-DD-YYYY)  
  -   -

**7** I AFFIRM THE FOREGOING STATEMENTS ARE TRUE

**SIGNATURE**

AGENCY USE

We estimate the public reporting burden for this collection will vary from two minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing this burden to: Selective Service System, SSS Forms Officer (3240-0002), Arlington, VA 22209-2425. The OMB control number 3240-0002, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.

# MEN WHO ARE AGE 18 THROUGH 25 ARE REQUIRED TO REGISTER

and can do so online at:

[www.sss.gov](http://www.sss.gov)

or they can complete this form.

## HOW TO COMPLETE THIS FORM

- Read the Privacy Act Statement.
- Print your information in BLACK INK and CAPITAL LETTERS ONLY.

Block 1: Print your date of birth. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 2: Place an X in the correct box.

Block 3: Provide your Social Security Number if you have one since it is mandatory to include this information. Leave this space blank if you do not yet have a social security number.

Block 4: Print your full name as outlined on the card. Include any suffix (such as Jr., or II), in the designated box, if applicable.

Block 5: Print your current mailing address as outlined on the card. Use the two-letter State abbreviation and enter your ZIP Code.

Block 6: Print today's date. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 7: Sign your name in the box.

Mail the completed form to:

Selective Service System  
Registration Information Office  
P.O. Box 94739  
Palatine, IL 60094-4739

Selective Service will send you a Registration Acknowledgement in the mail.

If you do not receive a Registration Acknowledgement within 90 days, it is your responsibility to contact the Selective Service at 847-688-6888.

## PRIVACY ACT STATEMENT

The Military Selective Service Act, Selective Service regulations, and the President's Proclamation on Registration require that you provide the indicated information, including your Social Security Number if you have one. The principal purpose of the requested information is to establish or verify your registration with the Selective Service System. This information may be furnished to other government agencies for the stated purposes on a selective basis. See Systems of Records SSS-9 <https://www.sss.gov/Portals/0/PDFs/Systems%20of%20Records%202011.pdf>

**DEPARTMENT OF JUSTICE** - for review and processing of suspected violations of the Military Selective Service Act, or for perjury, and for defense of a civil action arising from administrative processing under such Act.

**DEPARTMENT OF STATE & U.S. CITIZENSHIP AND IMMIGRATION SERVICES** - for collection and evaluation of data to determine a person's eligibility for entry/reentry into the United States and for U.S. citizenship.

**DEPARTMENT OF DEFENSE & U.S. COAST GUARD** - for exchange of data concerning registration, classification, induction, and examination of registrants and for identification of prospects for recruiting.

**DEPARTMENT OF LABOR** - to assist veterans in need of data concerning reemployment rights, and for determining eligibility for benefits under the Workforce Investment Act.

**DEPARTMENT OF EDUCATION** - to determine eligibility for student financial assistance.

**OFFICE OF PERSONNEL MANAGEMENT & U.S. POSTAL SERVICE** - to determine eligibility for employment.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** - to determine a person's proper Social Security Number and for locating parents pursuant to the Child Support Enforcement Act.

**STATE AND LOCAL GOVERNMENTS** - to provide data which may constitute evidence and facilitate the enforcement of state and local law.

**BUREAU OF CENSUS** - for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.

**ALTERNATIVE SERVICE EMPLOYERS** - for exchange of information with employers regarding a registrant who is a conscientious objector for the purpose of placement and supervision of performance of alternative service in lieu of induction into military service.

**GENERAL PUBLIC** - Registrant's name, Selective Service registration number, date of birth, and classification. (Military Selective Service Act, 50 U.S.C. 3806(h))

**Failure to provide the required information may violate the Military Selective Service Act. Conviction for such a violation may result in imprisonment for up to five years and/or a fine of not more than \$250,000.**