



Military Dependant and Proof of Pregnancy Verification Statement

Service Members Rank and Full Name: _____
(Rank, Last, First)

Command Information: _____
(Squadron/Unit and Telephone Number)

Command Contact Information: _____
(Name and E-Mail Address)

I understand that by submitting this information, I am disclosing all information voluntarily and Operation Showers of Appreciation is not obligated to assist my dependents based on my military status.

I certify that _____,
(Expectant Mothers Name)

- is the expectant mother
- expectant mother is my spouse
- expectant mother is my fiancé
- The child is my dependent and I am not currently married to the expectant mother

is the service member/my spouse/my fiancé/expecting my dependant, and is in fact pregnant at this time.

I understand that this document must be signed by my command representative and me prior to being placed on any list for assistance by Operation Showers of Appreciation. I certify that all information disclosed above is true to the best of my knowledge.

Falsification of forms for which items will be received for activities on behalf of OSOA will not be tolerated. Any individual/organization found to be engaging in the falsification of forms, will have their relationship with OSOA immediately terminated. Further more, I understand that I am not permitted to return or sell any items donated to my family by OSOA. If any gifts are received that the military family does not need or want they are to contact OSOA immediately so that those gifts can be given to another military expecting mom who could use them. Actions will be undertaken to determine the amounts of items that were dispersed and incurred by any said falsifications and restitution of said funds will be sought.

Appropriate legal actions will be taken against those individuals/organizations involved.

Service Member Print Name (Rank, Last, First)

Command Representative E6 or above Print Name (Rank, Last, First)

Signature

Signature

Date

Date