

SECURITY INFORMATION

The information on this form will be distributed as required by the Pentagon and White House. **This includes children.** Your information will be kept in a safe until required by the Pentagon and White House. Please make additional copies as necessary for your family or group. Thank you.

Name _____
Address _____
City _____
State _____
Zip Code _____
Social Security Number _____
Date of Birth _____
City and State of Birth _____
Age _____
Current Country of Citizenship _____

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