

AFFIDAVIT OF IN LOCO PARENTIS RELATIONSHIP

INQUIRIES DIVISION CENTRALIZED PAY OPERATIONS U.S. ARMY FINANCE & ACCOUNTING CENTER INDIANAPOLIS, IN 46249

BLOCK A	BLOCK B
NAME OF ALLEGED PARENT	SERVICE MEMBER'S NAME
	SERVICE MEMBER'S SOCIAL SECURITY NUMBER

THE PRIVACY ACT OF 1974
 BY AUTHORITY OF PUBLIC 93 - 64, AND THE INFORMATION SOLICITED ON THIS FORM WILL BE USED TO DETERMINE ELIGIBILITY OF A PERSON "STANDING IN PLACE OF A NATURAL/STEPARENT" AS A BASIS FOR PAYMENT OF BASIC ALLOWANCE FOR QUARTERS (BAQ). ALTHOUGH DISCLOSURE IS VOLUNTARY, BAQ CANNOT BE PAID UNTIL SUCH TIME AS ELIGIBILITY OF SECONDARY DEPENDENT IS ESTABLISHED.

NAME AS SHOWN IN BLOCKS A OR B ABOVE	SUBMITS THE FOLLOWING STATEMENT IN ANSWER TO THE QUESTIONS LISTED BELOW IN SUPPORT OF MY CLAIM THAT AN IN LOCO PARENTIS RELATIONSHIP EXISTS BETWEEN THE SERVICE MEMBER AND THE ALLEGED PARENT SHOWN ABOVE.
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QUESTIONS	ANSWERS
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1. IN WHAT PLACES AND WHAT PERIODS OF TIME DID THE SERVICE MEMBER ACTUALLY RESIDE WITH THE ALLEGED PARENT AS A MEMBER OF HIS (HER) HOUSEHOLD	PERIOD	ADDRESS
	FROM	STREET ADDRESS
	TO	CITY, STATE

2. GIVE NAMES AND ADDRESSES OF SERVICE MEMBER'S NATURAL PARENTS	NAME OF MOTHER	
	MOTHER'S ADDRESS	
	NAME OF FATHER	
	FATHER'S ADDRESS	

3. GIVE THE PLACE AND DATE OF BIRTH OF THE SERVICEMEMBER	DATE	PLACE
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4. GIVE CIRCUMSTANCES UNDER WHICH THIS SERVICE PERSON BECAME A MEMBER OF THE ALLEGED PARENT'S HOUSEHOLD. (GIVE COMPLETE DETAILS INCLUDING HOW CUSTODY WAS OBTAINED FURNISHING COPY OF AGREEMENT IF REDUCED TO WRITING)	
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5. DID THE ALLEGED PARENT PROVIDE A SERVICE MEMBER'S	EDUCATION <input type="checkbox"/> YES <input type="checkbox"/> NO	RELIGIOUS GUIDANCE <input type="checkbox"/> YES <input type="checkbox"/> NO
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6 ALLEGED PARENT PROVIDED FOR THE SERVICE MEMBER'S SUPPORT:	FROM	TO	FROM	TO
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7. OTHER FINANCIAL ASSISTANCE WAS RECEIVED FROM:	NAME	RELATIONSHIP
	ADDRESS	AMOUNT

NOTE: PENALTY FOR MAKING FALSE CLAIMS IS PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH.	SIGNATURE OF AFFIANT
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NOTARY PUBLIC

SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS DAY OF ,

OFFICIAL SEAL	SIGNATURE OF NOTARY	OFFICIAL TITLE
	COUNTY	STATE OR TERRITORY
	MY COMMISSION EXPIRES	