

LOCO-PARENTIS AFFIDAVIT

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Public Law 93-64.
PRINCIPAL PURPOSE: Adjudication of claims for BAQ for secondary dependents.
ROUTINE USES: Verification of relationship and dependency, and authorization of Basic Allowance for Quarters on behalf of the dependent. Disclosure is voluntary; however, if the required information is not provided, the claim cannot be considered.

Inasmuch as you are not the natural parent(s) of the service member, it will be necessary for you to answer the questions listed below in addition to those questions in the Parent's Dependency Affidavit.

1.

I, _____ swear that _____
(YOUR NAME) (SERVICE MEMBER'S NAME)

who was born on the _____ day of _____ 19____ came to live with me on the _____ day of _____ 19____ and lived with me continuously until the _____ day of _____ 19 ____ except for the following periods:

2. During the period the service member lived with you, was he/she under your parental control?

YES NO

3. Give by month and year the periods when the service member's mother and/or father resided in the home with you **and the service member:**

In addition, explain clearly to what extent the service member's mother and/or father exercised parental control over him/her during the time they lived with you and the member.

4. Furnish the following information about the service member's natural parents:

MOTHER — If living, provide name and address _____

_____ .
If not living, state date of death _____ .

FATHER — If living, provide name and address _____

_____ .
If not living, state date of death _____ .

5. What is your relationship to the service member?

6. Use this space for any additional information you may wish to submit to substantiate the loco-parentis relationship.

I/We hereby swear (affirm) that all the foregoing statements are true and correct to the best of my/our ability.

(SIGNATURE) (DATE)

(SIGNATURE) (DATE)

Subscribed and sworn (affirmed) to before me according to law by the above name person(s)

_____ this _____ day of _____ 19____ at

City of _____ and State (or Territory of) _____ .

(NOTARY)

(OFFICIAL TITLE)

My commission expires _____