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

SELECTIVE SERVICE SYSTEM REGISTRATION FORM

DO NOT WRITE IN THIS SPACE

PRINT ONLY IN BLACK INK AND IN CAPITAL LETTERS ONLY

DATE OF BIRTH: (MM-DD-YYYY)  1  
SEX: (Mark with "X")  2  
SEX:  (Mark with "X")  3  
SOCIAL SECURITY ACCOUNT NUMBER

LAST NAME  4  
FIRST NAME & MIDDLE NAME  5  
CURRENT MAILING ADDRESS: STREET ADDRESS & APARTMENT NUMBER  6  
TODAY’S DATE: (MM-DD-YYYY)  7  
I AFFIRM THE FOREGOING STATEMENTS ARE TRUE

SIGNATURE  INT

... CUT OFF THIS PORTION BEFORE MAILING ...

How To Complete This Form:

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: If you have a Social Security Number, it is mandatory that you include this information. If you don’t have one, leave this block blank.

Block 4: Print your full legal name as outlined on the card. Include any suffix in the designated box.

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: Enter 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 this box.

Mail this form to:
Selective Service System
P.O. Box 94732
Palatine, IL 60094-4732