

SOJOURNER'S PERMIT WORKSHEET - this is NOT the actual application

PRIVACY ACT NOTICE: Individuals are asked to complete this form voluntarily for us to prepare your Sojourner's Permit reports. Failure to provide this information may result in a denial of a Sojourner's permit. The authority for this request is 5 U.S.C. § 301 and the North Atlantic Treaty Organization Status of Forces Agreement (SOFA). This form is not protected by any attorney-client privilege and may be released to law enforcement upon official request.

APPLICANTS REQUIRED INFORMATION

(Person Applying for Sojourner's permit)

You are requesting a:

1st TIME APPLICATION

RENEWAL APPLICATION

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

CITIZENSHIP (check one):

US
OTHER (SPECIFY BELOW)

MARITAL STATUS (check one):

MARRIED
NEVER MARRIED
DIVORCED
WIDOWED

HOME OF RECORD: _____

City

State

Country

CURRENT ADDRESS IN ITALY (e.g., TLA, CAPO INN, Support Site Bldg/Apt number, hotel name -
NO PSC ADDRESS)

DATE & AIRPORT OF ENTRY INTO **EUROPE** (only 1st time applicants):

_____/_____/_____
DAY MONTH YEAR AIRPORT

YOUR STATUS IN ITALY (check one):

- SPOUSE ON MILITARY ORDERS
- RELATIVE ON MILITARY ORDERS, PLEASE SPECIFY RELATIONSHIP TO SPONSOR _____
- CIVILIAN (GS /OTHER) ON U.S. GOVT ORDERS
- CONTRACTOR
- FAMILY MEMBER OF CIVILIAN OR CONTRACTOR

CONTINUED ON THE BACKSIDE OF THIS FORM

SPONSOR'S REQUIRED INFORMATION

(your info if you're the sponsor)

LAST NAME: _____ FIRST NAME: _____ MI: _____

RANK/RATE: _____ BRANCH OF SERVICE: _____

COMMAND: _____ TELEPHONE #: _____

E-MAIL (WORK OR PERSONAL): _____

REQUIRED INFORMATION OF CHILDREN UNDER THE AGE OF 14

1. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

2. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

3. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

4. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

5. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

I CERTIFY THIS INFORMATION IS CORRECT TO USE TO THE BEST OF MY KNOWLEDGE

Date: _____ / _____ / _____
DAY MONTH YEAR

Signature of Applicant: _____