DEPARTMENT OF THE NAVY

VOLUNTARY STATEMENT

NAVEUR NAVSUPPACT NAPLES 1630/20 (New 11-01)

1. PLACE: _____

2. DATE/TIME: _____

Sponsor:_____

(IF DEPENDENT, FILL OUT SPONSOR'S INFORMATION)

I,_____

(LAST NAME, FIRST, MI / GRADE / BRANCH OF SERVICE / SSN / DUTY STATION / UIC)

make the following free and voluntary statement to_____ whom I know to be a **NAVSUPPACT Naples Security Police Patrol Person**. I make this statement of my own free will and without any threats or promises extended to me. I fully understand that this statement is given concerning my knowledge of_____

For identification purposes, I was born on _____ in _____

(DD / MM / YY) (CITY) (STATE) (COUNTRY)

I am a _____ male / female, my height in inches is _____, and I weigh _____ pounds

(RACE) (CIRCLE ONE)

I have _____ hair and _____ eyes. My military mailing address is PSC_____ Box_____ FPO AE _____. My duty / work phone number is _____

My European street address is _____

_____My home phone number is _____

Signature: _____

Subscribed and sworn / affirmed before me this _____ day of _____ 19_____ at Naples, Italy.

Signature:_____ Printed name:_____ Auth: UCMJ Art. 136 (B)(4)