

# Helpful Tips for Filling out USMEPCOM 680-3A-E

## **A. SERVICE PROCESSING FOR** – AF

## **B. PRIOR SERVICE** – Self Explanatory

**C. SELECTIVE SERVICE CLASSIFICATION** – This pertains to **Males only**, you can look up this information at the following website: <https://www.sss.gov/Registration/Check-a-Registration/Verification-Form>.

**D. SELECTIVE SERVICE REGISTRATION NUMBER** – This pertains to **Males only**, you can look up this information at the following website: <https://www.sss.gov/Registration/Check-a-Registration/Verification-Form>.

- **Fill/date/sign numbers 1-15.**
  - **Number 3 CURRENT ADDRESS:** Provide all information listed in parenthesis (Street, City, County, State, Country, ZIP Code). Provide your Street Address NUMBER ONLY, ZIP Code, and State Abbreviation (IE: AZ, NM, CO, CA) in the boxes to the right.
  - **Number 4 HOME OF REACORD ADDRESS:** Provide all information listed in parenthesis (Street, City, County, State, Country, ZIP Code). Provide your Street Address NUMBER ONLY, ZIP Code, and State Abbreviation (IE: AZ, NM, CO, CA) in the boxes to the right
  - **Number 11 RELIGIOUS PREFERENCE (Optional):** Fill out your religious preference in its entirety (IE: Christian, Catholic Christian, or Buddhist). If you have no religious preference please input “No Religious Preference”.
  - **Number 12 EDUCATION (Yrs/Highest Ed Gr completed):** Please completely fill the type of Education you have completed and input the number of years completed in the boxes to the right.

**YOU WILL NOT FILL/DATE/SIGN ANY FIELDS IN NUMBERS 16-24 – THESE FIELDS ARE FOR SSGT CORNMAN’S/MEPS OFFICIAL PERSONNEL USE ONLY!**

- **In number 25 you will check box a, and sign, provide your SSN and date on line f.**
- **If applicable, fill numbers 26-29 to the best of your ability. If you do not have insurance, please input “NONE” and sign next to “NONE”.**

**DO NOT FILL/DATE/SIGN ANY FIELDS IN NUMBER 30 – THESE FIELDS ARE FOR SSGT CORNMAN’S USE ONLY!**