



# SELECTIVE SERVICE SYSTEM

## CLAIM DOCUMENTATION FORM - ADMINISTRATIVE (RIPS/RIMS)

Date Issued

Complete and Return Not Later than

Registrant's Selective Service No. Full Name Complete Address

Local Board No. Area Office Address


**INSTRUCTIONS TO REGISTRANT:** The purpose of this form is to help you furnish the proof to support your claim for classification. Check the box beside as many statements as apply to you, and furnish the information requested under each statement you claim. Return this form with the documents attached, to the Area Office shown above by the date also indicated above. If your address is different from that shown, line out the incorrect information and print or type the correct information.

**WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000 OR BOTH**

**PART I. CHECK AS MANY STATEMENTS BELOW AS APPLY TO YOU AND FURNISH THE INFORMATION REQUESTED**

1. **ACTIVE DUTY OR UNIFORMED SERVICE**
  - a.  I am on active duty with one of the armed services.  
(Attach a copy of your Enlistment/Reenlistment document - Armed Forces of the United States (DD Form 4) or other proof from your branch of service.)
  - b.  I am on active duty with the Public Health Service or the National Oceanic and Atmospheric Administration.  
(Attach a copy of your Statement of Service - Verification of Status of Commissioned Officer of the U.S. Public Health Service (PHS Form 1867) or other proof.)
  - c.  I am a cadet or midshipman at one of the service academies.  
(Attach a copy of your Enlistment/Reenlistment document - Armed Forces of the United States (DD Form 4) or other proof.)
2. **RESERVE MEMBERSHIP**
  - a.  I am a member of a Reserve component of the Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard.  
(Attach a copy of your Enlistment/Reenlistment Document - Armed Forces of the United States (DD Form 4), or Certificate of Release or Discharge from Active Duty (DD Form 214) or other proof.)
  - b.  I am enrolled in the Delayed Entry Program (DEP) of one of the armed services.  
(Attach a copy of your Enlistment/Reenlistment document - Armed Forces of the United States (DD Form 4) or other proof.)
3. **OFFICER PROCUREMENT PROGRAM**
  - a.  I am a student enrolled in an officer procurement program of the armed forces at The Citadel, Virginia Military Institute, Norwich University or North Georgia College.  
(Attach a copy of your Enlistment/Reenlistment document - Armed Forces of the United States (DD Form 4) or other proof.)
  - b.  I have been selected for enrollment or continuance in the senior ROTC or other officer procurement program or accepted as an aviation cadet applicant in the Army, Navy or Air Force.  
(Attach a copy of your Enlistment/Reenlistment document - Armed Forces of the United States (DD Form 4) or other proof.)
4. **PRIOR MILITARY OR UNIFORMED SERVICE**
  - a.  I have been separated from active duty in the Armed Forces of the United States for convenience of the government after serving 6 months or more on active duty, or separated for any other reason after serving 12 months or more.  
(Attach a copy of your Certificate of Discharge or Release from Active Duty (DD Form 214) or other proof.)
  - b.  I have been separated from active duty in the National Oceanic and Atmospheric Administration or the Public Health Service after serving 24 months as a commissioned officer.  
(Attach a copy of your Report of Transfer or Discharge (NOAA Form 5616) or Statement of Service, Verification of Status of Commissioned Officer of the U.S. Public Health Service (PHS Form 1867) or other proof.)
  - c.  While an alien, I served on active duty for 12 months or more in the armed forces of a nation associated in a mutual defense activity with the United States.  
(Attach a Statement of Service, written in English, issued by the diplomatic mission or consular office of the country in whose armed forces you served.)
  - d.  I enlisted in the Armed Forces of the United States on or after June 1, 1984 and have completed 8 or more years of satisfactory service in the Armed Forces, including the Reserve components thereof.  
(Attach a copy of your Certificate of Discharge from Active Duty (DD Form 214) or other proof.)
  - e.  I have been separated from active duty in the Armed Forces of the United States because I am conscientiously opposed to war in any form and to both combatant and noncombatant military training and service.  
(Attach a copy of your Certificate of Discharge from Active Duty (DD Form 214) or other proof.)

(Continued on reverse)

- f.  I have been separated from active duty in the Armed Forces of the United States because of hardship to my dependents and that hardship still exists.  
(Attach a copy of your Certificate of Release or Discharge from Active Duty (DD Form 214) or other proof.)
5. **OFFICIAL DEFERRED BY LAW**  
 I am a statewide elected public official, an elected member of a legislative body, or a judge of a court of record of the United States or of a State, Territory or Possession.  
(Attach a copy of Your Certification of Election or Appointment, or other proof.)
6. **SURVIVING SON OR BROTHER**  
 I am a surviving son or brother whose parent, brother or sister died in the line of duty while serving in the Armed Forces of the United States or who died later as a result of injuries received or disease incurred during such service, or whose parent, brother or sister is in a captured or missing in action status.  
(Attach a Report of Casualty (DD Form 1300) from the Family Members Branch of service or written verification from the Veterans Administration, and proof of your relationship to the family member.)
7. **CONFINEMENT OR DISABILITY**  
a.  I am confined in the correctional facility, hospital or institution specified below.  
Name and address of institution:  
  
Expected date of release:  
(Attach written proof from the chief administrative official of the institution in which you are confined.)
- b.  I have a disabling physical or mental disorder.  
(Attach written verification from your doctor or hospital or equivalent proof.)

**PART II. LIST BELOW ALL LETTERS AND DOCUMENTS YOU ARE SUBMITTING WITH THIS FORM**

**PART III. REGISTRANT CERTIFICATE**

I certify that all information I have provided on this form and upon other documents that I am submitting to support this claim are true accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Registrant)

\_\_\_\_\_  
(Date)

**Privacy Act Statement**

The Military Selective Service Act and Selective Service Regulations authorizes the Selective Service System to receive the information requested on this form. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

**Department of Justice** - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

**Federal Bureau of Investigation** - to locate an individual suspected of violation of the Military Selective Service Act.

**Immigration and Naturalization Service** - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States citizenship.

**Department of State** - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

**Department of Health and Human Services** - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

**PROCEDURAL DIRECTIVE**  
**CLAIM DOCUMENTATION FORM - ADMINISTRATIVE**  
**SSS FORM 21**  
**(RIPS/RIMS)**

**1. PURPOSE**

This form is provided to a registrant to assist in documenting claims for certain administrative classifications. Those classifications are:

- Class 1-C: Member of the Armed Forces of the U.S., the National Oceanic and Atmospheric Administration, or the Public Health Service
- Class 1-D-D: Deferment for Certain Members of a Reserve Component or Student Taking Military Training
- Class 1-D-E: Exemption of Certain Members of a Reserve Component or Student Taking Military Training
- Class 1-O-S: Conscientious Objector to all Military Service (Service Discharged/Separated)
- Class 3-A-S: Registrant Deferred Because of Hardship to Dependents (Service Discharged/Separated)
- Class 4-A: Registrant Who Has Completed Military Service
- Class 4-A-A: Registrant Who Has Performed Military Service for a Foreign Nation
- Class 4-B: Official Deferred by Law
- Class 4-F: Registrant Not Acceptable for Military Service
- Class 4-G: Registrant Exempted from Service Because of the Death of His Parent or Sibling While Serving in the Armed Forces or Whose Parent or Sibling Is in a Captured or Missing in Action Status

**2. PREPARATION**

The form is prepared in original only following the timely submission of a claim for one of the administrative classifications. The Area Office fills in the information in the heading of the form. The registrant completes Parts I through III, following instructions on the form.

3. **DISTRIBUTION**

The registrant returns the completed form to the Area Office for action.

4. **DISPOSAL**

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).