



SELECTIVE SERVICE SYSTEM
CLAIM DOCUMENTATION FORM - MINISTER OF RELIGION
(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

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INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the proof to support your claim for classification as a Minister of Religion. If more space is needed, use additional sheets of paper. Return this form, with the documents attached, to the Area Office shown above. If your address is different from that shown above, 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.

1. Provide the name and address of the church, religious sect or organization which you are presently serving as a minister of religion.

2. Check the box that applies to you and furnish the information requested.

- a. I have been formally ordained in accordance with the ceremonial ritual or discipline of a church, religious sect or organization established on the basis of a community of faith and belief, doctrines and practices of a religious character and I am authorized to perform rites and ceremonies of that church, religious sect or organization.

Date Ordained: _____

(Name and address of church, religious sect or organization by which you were ordained)

(Attach a copy of your ordination certificate.)

- b. Without having been formally ordained, I am recognized as a minister by a church, religious sect or organization.

Date You Became a Minister: _____

(Name and address of church, religious sect or organization by which you are recognized)

(Attach a letter or other supporting documentation from a church official attesting to your status as a minister.)

3. Describe the frequency and regularity of your teaching and preaching of the doctrines of your church, religious sect or organization. If the ministry is not your only occupation, explain below.

(continued on reverse)

4. List below all letters and documents you are submitting to support this claim.

5. You are entitled to request a personal appearance before the Local Board and present information about your claim for classification as a Minister of Religion. If you wish to appear in person, check the box below.

I wish to appear in person and present my claim to the Local Board.

6. CERTIFICATION

I certify that the information I have provided on this form and upon other documents that I am submitting to support this claim is 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 – MINISTER OF RELIGION
SSS FORM 25
(RIMS/RIPS)**

1. PURPOSE

This form is provided to a registrant to assist in documenting a claim for reclassification as a Minister of Religion (Class 4-D) and in requesting a personal appearance in connection with the claim.

2. PREPARATION

The form is prepared in original only following the timely submission by a registrant of a claim for Class 4-D. The Area Office fills in the information in the heading of the form. The registrant completes the remainder of the form following the instructions provided.

3. DISTRIBUTION

The form is provided to the registrant as indicated. The registrant returns the completed form to the Area Office for action. The completed form will be filed in the Registrant File Folder (SSS Form 101).

4. DISPOSAL

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