



# SELECTIVE SERVICE SYSTEM

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Search...

- HOME
- REGISTRATION
- VOLUNTEERS
- PUBLIC AFFAIRS
- REPORTS
- FAQS
- ABOUT

Registration > Register Now > Registration Form

## Selective Service System Online Registration Form

Sex:

Male  Female

(Note: Current law does not permit females to register)

First & Middle Name:

Last Name:

Suffix:

Street or PO Box or RFD:

City:

Select State

Zip Code:

Social Security Number (REQUIRED):

 (No dashes or spaces)

Date of Birth:

 (mmddyyyy)

How did you first learn about registration?:

Parent/Relative  
Friend  
Classroom  
Guidance Counselor

(Make one selection)

Submit Registration

Reset Form

SSS FORM 1, OMB APPROVAL 3240-0002

We estimate the public reporting burden for this collection will vary from two minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing this burden to: Selective Service System, SSS Forms Officer (3240-0002), Arlington, VA 22209-2425. The OMB control number 3240-0002, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.