

THE FOLLOWING INFORMATION IS BEING FURNISHED TO YOU AS REQUESTED BY YOU OR AS REQUIRED BY LAW.
NAME: [REDACTED]
ADDRESS: [REDACTED]
CITY: [REDACTED]
STATE: [REDACTED]
ZIP: [REDACTED]
DATE OF BIRTH: [REDACTED]
SOCIAL SECURITY NUMBER: [REDACTED]
MARRIAGE STATUS: [REDACTED]
NUMBER OF DEPENDENTS: [REDACTED]
MILITARY SERVICE: [REDACTED]
MILITARY BRANCH: [REDACTED]
MILITARY GRADE: [REDACTED]
MILITARY DUTY STATION: [REDACTED]
MILITARY SERVICE NUMBER: [REDACTED]
MILITARY SERVICE DATE: [REDACTED]
MILITARY SERVICE END DATE: [REDACTED]
MILITARY SERVICE TYPE: [REDACTED]
MILITARY SERVICE STATUS: [REDACTED]
MILITARY SERVICE NUMBER: [REDACTED]
MILITARY SERVICE DATE: [REDACTED]
MILITARY SERVICE END DATE: [REDACTED]
MILITARY SERVICE TYPE: [REDACTED]
MILITARY SERVICE STATUS: [REDACTED]

DO NOT WRITE IN THESE SPACES

CHECK HERE AFTER 1 MONTH OR REMOTE DEPOSIT

Joseph Chavez
minor by

ENCLOSURE