

SERVICE MEMBER OF THE MONTH FACT SHEET

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice NM01650-1 Department of the Navy (DON) Military Awards System) May 5, 2010, 75 FR 24667. **AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; Secretary of the Navy Instruction 1650.1H, Navy and Marine Corps Awards Manual; and E.O. 9397 (SSN), as amended. **PRINCIPLE:** All recipients of Navy and Marine Corps personal awards, to include the U.S. Coast Guard, Navy, and Marine Corps military personnel who receive personal awards from other U. S. Armed Forces; and approved unit awards from 1941 to present. **PURPOSE:** To maintain records of military personal awards and unit awards and to electronically process award recommendations. **ROUTINE USE:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as routine use pursuant to 5 U.S.C. 552a(b) (3). **DISCLOSURE: MANDATORY** for computer matching

Part I:

Full Name _____ Date of Birth (DD MMM YY): _____

Unit (to include Company, Battalion and Division) _____

Work Mailing Address: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

Rank (E-5 and below): _____ Position _____

Home of Record (include City and State): _____

Education (City of H.S. and date graduated and any secondary education): _____

Mother's Name and hometown _____

Father's Name and hometown _____

Spouse's Name (if applicable) _____

Child(ren) Name(s) (if applicable) _____

Brief description of past and present duty stations and accomplishments in chronological order:

Brief description of ambitions and future plans:

Part II:

FULL NAMES AND RANKS OF PERSONS TO ACCOMPANY SERVICE MEMBER OF THE MONTH

OFFICER: _____

SENIOR ENLISTED: _____

SPOUSE (IF APPLICABLE): _____

Please Note: The Officer and the Senior Enlisted guest will be given the opportunity to say a few words on behalf of the honored SMOM.

Part III:

PLEASE SIGN RELEASE STATEMENT:

I, hereby grant permission to have the above information and my photo released to the Military Affairs Committee Manager of the Jacksonville-Onslow Chamber of Commerce and to the local newspapers, as appropriate.

SMOM's Signature _____ Date (DD MMM YY): _____

Part IV:

(TO BE COMPLETED BY THE NOMINATOR)

In four sentences or less state the reason as to why this service member was nominated as the SMOM.

Name, Rank and Unit of Nominator _____ Date (DD MMM YY): _____

Once this application has been received, the Military Affairs Committee (MAC) Manager of the Jacksonville-Onslow Chamber of Commerce will be contacting the nominator to set up an interview with the SMOM, SNCOIC, and OIC.