

RLSO Naples Sojourner's Permit Worksheet

PRIVACY ACT NOTICE: Individuals are asked to complete this form voluntarily for us to prepare your Sojourner's Permit and for us to prepare office case load reports. Failure to provide this information may result in a denial of legal assistance services. The authority for this request is 5 U.S.C. § 301 and 10 U.S.C. § 1044.

Status (please circle): Active Duty / Family Member / Retiree / Reservist / DoD Civilian

Have you used this office's services since 1 October 2003? (Please circle one): Yes / No

All non-active duty personnel must obtain a Sojourner's Permit to reside in Italy. Please fill this form out completely and print the information requested. Please use DAY/MONTH/YEAR for date and CITY/STATE/COUNTRY for places. Please sign the backside of this form.

REQUIRED INFORMATION CONCERNING SOJOURNER'S PERMIT APPLICANT (please use the back side for any children under the age of 14)

Last Name: _____ First Name: _____ MI: _____

Place of Birth: _____ Date of Birth: _____

Citizenship: _____ Marital Status: _____

Permanent home address in country of origin: _____

Current address in Italy: _____

Type of Passport: No fee _____ Official _____ Tourist _____ Diplomat _____

Passport Number: _____ Valid until: _____

Issued by: _____ Date Issued: _____

Date and Airport of Entry into Italy: _____

Reason you are in Italy (please check one of the choices below ↓):

Accompanying Spouse or Relative on Military Orders: _____
Civilian (GS/Contractor/other) on U.S. Govt Orders: _____ Family member of civilian: _____

REQUIRED INFORMATION CONCERNING SPONSOR (please attach a copy of the sponsor's orders to Naples)

Last Name: _____ First Name: _____ MI: _____

Place of Birth: _____ Date of Birth: _____

Citizenship: _____ Telephone Number: _____

Command: _____ Rank/Rate: _____ Branch of Service: _____

SIGN THE BACK SIDE OF THIS FORM!!!

INFORMATION CONCERNING CHILDREN UNDER 14 YEARS OF AGE
(please complete the information for each child that you are applying for)

Last Name: _____ First Name: _____ MI: _____

Place of Birth: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Place of Birth: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Place of Birth: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Place of Birth: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Place of Birth: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Place of Birth: _____ Date of Birth: _____

I CERTIFY THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF THE PERSON REQUESTING SOJOURNER'S PERMIT

DATE