

WILL WORKSHEET

RANK _____ NAME _____ UNIT _____
LAST, FIRST MI

UNIT 1STSGT _____ CONTACT # (____) _____
LAST, FIRST MI INCLUDE AREA CODE

PERSONAL EMAIL _____ CONTACT # (____) _____
ex. IM.MARINE@YAHOO.COM INCLUDE AREA CODE

CLASS/BRIEF DATE _____
YYYYMMDD

CMD REP _____ CONTACT # (____) _____
RANK LAST, FIRST, MI INCLUDE AREA CODE

PRIVACY ACT STATEMENT

Individuals seeking legal assistance are requested to provide personal information. The authority for soliciting and maintaining this information is found in 5 U.S.C. Section 301 and 44 U.S.C. Section 3101. The information you provide will be used by the personnel of this legal office to assign an attorney to you, to prepare estate-planning documents and to provide periodic workload productivity and statistical reports. The information you are requested to provide is solicited on a voluntary basis, however, failure to provide the requested information could result in this office being unable to provide the services requested.

WILL EXECUTION APPOINTMENT

PLEASE COME BACK ON THE FOLLOWING DATE TO EXECUTE YOUR WILL.

DATE:

TIME:

LOCATION: LEGAL ASSISTANCE BLDG 1514

CALL US AT (760) 830-6111 AND CONFIRM BY _____ THAT YOU WILL BE ABLE TO MAKE IT.