

The Virginia Defense Force
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MILITARY AFFAIRS

CONSENT OF PARENT OR GUARDIAN

Name of Applicant _____
Last Name, First, Middle

Service (Social Security) Number _____ Date of Birth ___/___/___

As Parent(s) or Guardian(s), I (we) am (are) responsible for the above named individual and consent to his (her) enlistment in the Virginia Defense Force.

(Father's Signature)

(Mother's Signature)

Signed before me this _____ day of _____, 20_____.

(VaDF Officer or Notary Public)

INSTRUCTIONS: *To be prepared and signed in two (2) copies for each applicant who has attained his/her sixteenth birthday and has not attained his/her eighteenth birthday. One (1) copy will be attached to each copy of the VADF Form 2-1*