

(2)(A) I am unable to determine the military status of the defaulting party.

OR

(B) The defaulting party (check one):

is in military service.

is not in military service.

(3) I have done the following research to support the above conclusion.

(4)(A) (A certificate from the Department of Defense Manpower Data Center is the preferred evidence of the defaulting party's military service status. Check this box only if you have attached that certificate.)

I visited the Department of Defense Manpower Data Center website (<https://scra.dmdc.osd.mil/scra/#/single-record>) and entered the following information for the defaulting party, which I know to be correct:

Name	Social Security Number (Last 4 digits only)	Date of Birth

(4)(B) I know the identifying information is correct because:

(5) I do not know and am unable to discover the defaulting party's date of birth or social security number.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____

Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Military Service Declaration on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

_____ Signature ► _____
 Date Printed Name _____