

## AFFIDAVIT OF SUPPORT

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The US/GOJ Status of Forces Agreement; section 301, Title 5, United States Code; section 5013g, Title 10, United States Code.

**PRINCIPAL PURPOSE(S):** To obtain information for evaluating an application for SOFA status. To issue SOFA status certification and recognition.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, all or a portion of the information requested may be disclosed outside MCIPAC as a routine use pursuant to 5 U.S.C. 552a(b)(3). The DoD Blanket Routine Uses found at [http://privacy.defense.gov/blanket\\_uses.shtml](http://privacy.defense.gov/blanket_uses.shtml) also apply.

**DISCLOSURE:** Disclosure of all information is voluntary, but failure to provide all information could delay or prevent the issuance of certain rights and privileges under the SOFA to persons otherwise eligible.

**FROM: STAFF JUDGE ADVOCATE**

United States Marine Corps  
Marine Corps Installations Pacific-MCB Camp  
Butler Unit 35001  
FPO AP 96373-5001

**TO: Chief of Naha Immigration Office**

Fukuoka Regional Immigration Bureau  
Naha City, Okinawa Prefecture

**I. Filled out by the individual requesting an affidavit of support.**

Upon first being duly sworn, I, \_\_\_\_\_, swear or affirm to the following:

(First Name, Last Name)

That I have an annual income of approximately \$ \_\_\_\_\_ ;

That I have \_\_\_\_\_ dependent(s), whom I currently support;

That \_\_\_\_\_, Passport Number \_\_\_\_\_, is my \_\_\_\_\_ (hereinafter "my dependent");  
(First Name, Last Name)

That my dependent will reside in Japan from \_\_\_\_\_ to \_\_\_\_\_;

That my dependent will be more than 50% reliant upon me for support for the duration of his/her stay in Japan;

That I will support my dependent during his/her stay in Japan;

That I guarantee that he/she will not become a ward of any government and that I am willing and able to post bond if required;

That in the event that I no longer provide greater than 50% of support for my dependent, I will notify the Office of the Staff Judge Advocate and the Japanese Immigration Officials within three business days.

\_\_\_\_\_  
(First Name, Last Name)

**II. Filled out by the Office of the Staff Judge Advocate, Marine Corps Installations Pacific-MCB Camp Butler.**

I, \_\_\_\_\_ the undersigned officer, do hereby certify that the foregoing instrument was subscribed and sworn  
(First Name, Last Name)

before me on \_\_\_\_\_, by \_\_\_\_\_.

I further certify that I am an Officer in the United States Marine Corps and that no seal is required by statute.

Should you have any questions, please contact me at (098) 970-7461/2 or DSN 645-7461/2.

Respectfully,

\_\_\_\_\_  
Office of the Staff Judge Advocate  
Marine Corps Installations Pacific-MCB Camp Butler