





Been registered to vote in Virginia? Yes No

If "No", has applicant been registered to vote in another state?

Yes List state: \_\_\_\_\_ No

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**Section II: Parent, Legal Guardian, or Spouse's Information:**

Provide the name of the person upon whom you are basing your domicile:

\_\_\_\_\_  
(First) (Middle) (Last)

*Using the above person's information, answer the questions below:*

Is the above person a U.S. citizen? Yes No If "No", is he/she a permanent resident? Yes No

If "Yes" is he/she a permanent resident, what is his/her "A number"? \_\_\_\_\_

If "No" what is his/her immigration status? \_\_\_\_\_

Are the above person on active duty in the U.S. Armed Forces? Yes No

If "Yes" is Virginia listed as the Tax State on the Leave and Earning Statement? Yes No

Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_  
MM/DD/YYYY

Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Is the above person married to an active duty member of the U.S. Armed Forces? Yes No

If "Yes", is Virginia listed as the Tax State on the Leave and Earning Statement? Yes No

Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_  
MM/DD/YYYY

Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Is the above person retired from the U.S. Armed Forces? Yes No

Is the above person discharged from the U.S. Armed Forces? Yes No

If "Yes", date of discharge/retirement: \_\_\_\_\_  
MM/DD/YYYY

Tax State on LES prior to discharge/retirement: \_\_\_\_\_

Is the above person a dependent of someone retired from the U.S. Armed Forces? Yes No

Is the above person a dependent of someone discharged from the U.S. Armed Forces? Yes No

If "Yes", date of discharge/retirement: \_\_\_\_\_  
MM/DD/YYYY

Tax State on LES prior to discharge/retirement: \_\_\_\_\_

