

Process Following Marriage

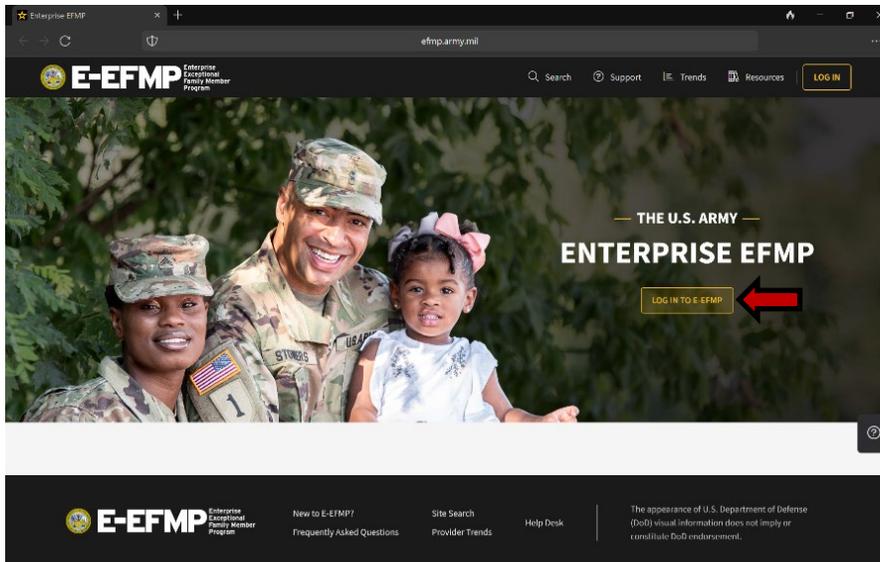
LAST UPDATED: NOVEMBER 2023

Table of Contents

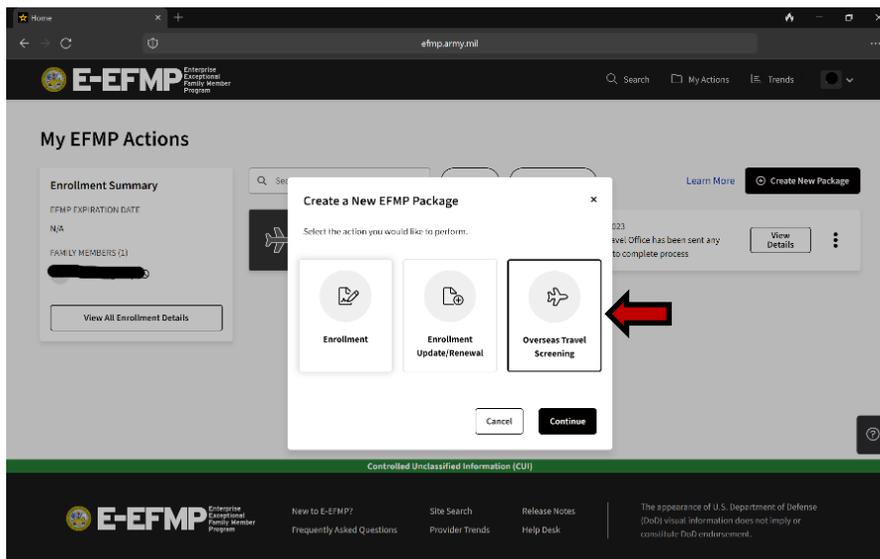
STEP 1	2
- ENROLL SPOUSE IN DEERS	
STEP 2	2
- OBTAIN SPOUSE’S MEDICAL RECORDS FOR PAST 5 YEARS	
o English translations needed for documents not in English	
o YOU CANNOT MOVE ONTO THE EFMP PROCESS WITHOUT MEDICAL DOCUMENTS IN ENGLISH	
STEP 3	2-3
- EFMP PROCESS	
STEP 4	3
- COMMAND SPONSORSHIP	
o Ensure Command Sponsorship Packet is complete by referencing the checklist on pages 8-9.	
o YOU CANNOT MOVE ONTO HOUSING UNTIL COMPLETE YOU HAVE THE COMMAND SPONSORSHIP MEMO	
STEP 5	4
- HOUSING	
o YOU CANNOT MOVE ONTO FINANCE UNTIL COMPLETE WITH HOUSING	
STEP 6	5-7
- FINANCE	
o Ensure the changes are reflected in your LES following completion and implementation of this step	

PROCESS FOLLOWING MARRIAGE

- Enroll Spouse in DEERS**
 - Set-up appointment with DEERS
 - Bring spouse and necessary documentation
 - Original marriage certificate (translated into English if in another language), spouse's ID, spouse's passport
 - Spouse will receive ID Card once enrolled into DEERS
- Obtain Spouse's Medical Records from Past 5 Years**
 - Medical records must be translated into English if spouse is foreign national
- EFMP Process**
 - Start EFMP process by going to EFMP website (<https://efmp.army.mil/> EnterpriseEfmp/)
 - Login with CAC and click "Begin New Package"



- Choose "Overseas Travel Screening"



- Fill out and submit package
- Call clinic and ask to be transferred to EFMP to set-up appointment to hand in spouse's medical documents from the last 5 years
 - These documents will need to be translated into English if spouse is foreign national
- Set-up appointment through EFMP case coordinator for spouse to be screened at the clinic
- Receive DA 5888 with EFMP review stamp from EFMP case coordinator following clinic screening

Command Sponsorship (Checklist Attached; must complete before starting housing and finance)

- E-mail completed command sponsorship checklist documentation to usarmy.bavaria.imcom-europe.list.mpd-pers-action@mail.mil
- Receive e-mailed command sponsorship memorandum PDF (as seen below)



DEPARTMENT OF THE ARMY
 UNITED STATES ARMY GARRISON BAVARIA
 UNIT 28130
 APO AE 09114-8130

AMIM-BAH-M 04 October 2023

MEMORANDUM FOR COMMANDER 4-2CR (WJHKS0)

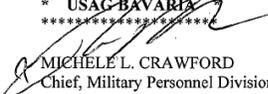
SUBJECT: Command Sponsorship verification for dependents of [REDACTED], DOD-[REDACTED].

- Effective [REDACTED], change of tour to an accompanied "with dependents" tour is approved. THIS APPROVAL SHOULD HAVE NO EFFECT ON SOLDIER'S CURRENT DEROS
- Command Sponsorship is approved for:

NAME	RELATIONSHIP	DATE OF BIRTH
[REDACTED]	SPOUSE	[REDACTED]
- This approval verifies that the Soldier has met the necessary requirements for Command Sponsorship. Soldier may acquire government or economy quarters through the local Housing Office. Soldier's Family Member(s) has/have been screened through the Exceptional Family Member Program (EFMP) and is/are cleared to reside in the Soldier's community of assignment.
- Command Sponsorship approval, in itself, is not authorization for the Family Member(s) to travel to the United States upon the Soldier's DEROS. It will not be used, in any way, as supporting documentation relating to immigration matters. It is the Soldier's responsibility to ensure Family Member(s) meet(s) immigration requirements at the time of PCS to the United States.
- Reimbursement is not authorized if Family Member(s) travel(s) before the effective date of travel authorization from the Housing Office.
- Approved by authority of Director, IMCOM-E-HNLFOA, IMEU-HMT.
- Point of contact is USAG Bavaria Military Personnel Division, DSN 526-4466, or email usarmy.bavaria.id-europe.mbx.mpd-pers-action@army.mil.
- Distribution of this message will be made to Soldier's unit of assignment and all community agencies as deemed appropriate.
- For community information, please access <http://www.bavaria.army.mil/newcomers/index.html>

FOR THE COMMANDER:

 * OFFICIAL *
 * MPD *
 * USAG BAVARIA *



MICHELE L. CRAWFORD
 Chief, Military Personnel Division



Housing

- Bring a copy of PCS Orders, ERB/ORB/STP, and command sponsorship memorandum to housing office to be placed on waiting list
- Housing will call you in to pick up keys to look at two to three options.
- Once you decide on a house, you will bring the accepted house assignment letter back with the keys the same day.
- You will set up an appointment for the house to be inspected (with you or your spouse present) and the inspector will give you the keys on site.
- You will need to go back to the housing office to pick up your official Housing Assignment letter (needed for finance).



Department of the Army
 Department of the Army - USAG Bavaria
 Unit 28130
 APO AE 09114

Control#: [REDACTED]
 Date: OCT-30-2023

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Assignment to Family Housing

1. The following individual is assigned to On-Post Housing:
 SSN: XXX-XX-[REDACTED] Name: [REDACTED]
 Branch: ARMY Pay Grade: [REDACTED]
 Rank: [REDACTED]
 UIC / Name: [REDACTED] [REDACTED]
2. This individual is assigned to the following dwelling:
 Address: [REDACTED]
 [REDACTED]
3. The effective date of assignment is: [REDACTED]
4. This dwelling is Adequate Family Housing.
5. This move is for the convenience of the **GOVERNMENT**.
6. This dwelling will be occupied by the individual and authorized family members.

[REDACTED]
 Housing Manager TB/RB
 USAG Bavaria

DISTRIBUTION
 ACKNOWLEDGE RECEIPT: 1
 PSD / COMMAND / FAO: 2
 QUARTERS FILE: 1
 SERVICE MEMBER: 1



Finance

- To change your dependent code and receive COLA for your spouse, you will need the following:
 - Two DA Form 4187s (template as seen below) accompanied by a copy of your command sponsorship memorandum and a copy of your marriage certificate.
 - The only difference between the two DA 4187 forms will be under the “Remarks” section.
 - The first form will state “change COLA rate from 9 to 0” and the second form will state “change COLA rate from 0 to 1”.

PERSONNEL ACTION		
For use of this form, see DA PAM 600-8; the proponent is the DCS, G-1.		
PRIVACY ACT STATEMENT		
AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures. PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. NOTE: For additional information see the System of Records Notice A0600-8-104 AHRC. https://dpcid.defense.gov/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf ROUTINE USE(S): There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above. DISCLOSURE: Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.		
SECTION I - PERSONAL IDENTIFICATION		
1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) A106 Finance BLDG 244 GRAFENWOEHR APO, AE 09114	3. FROM (Include ZIP Code) COMMANDER Q TRP, 4TH SQDN, 2D CR ROSE BARRACKS, GM APO AE 09112
4. NAME (Last, First, MI)	5. GRADE OR RANK / PMOS / AOC	6. DOD ID NUMBER
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify): COLA CHANGE
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V)		
1. SM requests to change COLA rate from 9 to 0. 2. Justification: SM is moved into housing 3. Effective Date: _____ 4. _____; Spouse; DOB: _____; DOM: _____ 5. Location: DE231 Encl. Command sponsorship for wife, Marriage certificate.		
SECTION V - CERTIFICATION / APPROVAL / DISAPPROVAL		
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -		
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input checked="" type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER / AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)

PERSONNEL ACTION

For use of this form, see DA PAM 600-8; the proponent is the DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

NOTE: For additional information see the System of Records Notice A0600-8-104 AHRC.
<https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNS/Army/A006-8-104-AHRC.pdf>

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.

SECTION I - PERSONAL IDENTIFICATION

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) A106 Finance BLDG 244 GRAFENWOEHR APO, AE 09114	3. FROM (Include ZIP Code) COMMANDER Q TRP, 4TH SQDN, 2D CR ROSE BARRACKS, GM APO AE 09112
4. NAME (Last, First, MI)	5. GRADE OR RANK / PMOS / AOC	6. DOD ID NUMBER

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify): COLA CHANGE
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required) _____ 10. DATE (YYYYMMDD) _____

SECTION IV - REMARKS (Applies to Sections II, III, and V)

1. SM requests to change COLA rate from 0 to 1.

2. Justification: SM is moved into housing

3. Effective Date: _____

4. _____; Spouse; DOB: _____; DOM: _____

5. Location: DE231

Encl. Command sponsorship for wife, Marriage certificate.

SECTION V - CERTIFICATION / APPROVAL / DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER / AUTHORIZED REPRESENTATIVE _____ 13. SIGNATURE _____ 14. DATE (YYYYMMDD) _____

- To stop your meal deduction, you will need the following:
 - One DA Form 4187 (template as seen below) accompanied by a copy of the housing assignment letter (housing memo).

PERSONNEL ACTION		
For use of this form, see DA PAM 600-8; the proponent is the DCS, G-1.		
PRIVACY ACT STATEMENT		
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PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.		
NOTE: For additional information see the System of Records Notice A0600-8-104 AHRC. https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf		
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4. NAME (Last, First, MI) [REDACTED]	5. GRADE OR RANK / PMOS / AOC [REDACTED]	6. DOD ID NUMBER [REDACTED]
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input checked="" type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify): STOP MEAL DEDUCTIONS
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V)		
1. SM requests to stop meal deductions.		
2. Justification: SM is married and lives in off-post government housing.		
3. Effective Date [REDACTED]		
Encl. Housing memo		
SECTION V - CERTIFICATION / APPROVAL / DISAPPROVAL		
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -		
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input checked="" type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER / AUTHORIZED REPRESENTATIVE [REDACTED]	13. SIGNATURE	14. DATE (YYYYMMDD)

Military Personnel Division

United States Army Garrison
Bavaria ATTN: MPD Actions
Section

MIL Global: USARMY Bavaria IMCOM Europe List MPD Pers
Action Email Address: usarmy.bavaria.imcom-europe.list.mpd-pers-action@mail.mil

COMMAND SPONSORSHIP CHECKLIST

The following documents must be in the Command Sponsorship packet when submitted to USAG Bavaria MPD Actions Section to the e-mail stated above:

- DA 4187 (MAY 2014) signed and dated by Soldier
 - Page 1 signed and dated by Company Commander with *Recommended* Endorsement checked
 - Page 2 signed and dated by Battalion Commander with *Recommended* Endorsement checked

PERSONNEL ACTION		
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PRIVACY ACT STATEMENT		
AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.		
PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.		
NOTE: For additional information see the System of Records Notice A0600-8-104 AHRC. https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNS/Army/A066-8-104-AHRC.pdf		
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SECTION I - PERSONAL IDENTIFICATION		
1. THRU (Include ZIP Code) Chief, Military Personnel Division US Army Garrison Bavaria ATTN: Actions APO AE 09114-8130	2. TO (Include ZIP Code) Director IMCOM-E-HNLFOA, IMEU-HMT ATTN: Family Travel APO AE 09136	3. FROM (Include ZIP Code) Commander S-TRP, 4TH SQDN, 2D CR ROSE BARRACKS, GM APO AE 09112
4. NAME (Last, First, MI)	5. GRADE OR RANK / PMOS / AOC	6. DOD ID NUMBER
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours.		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reassignment	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify): Command Sponsorship
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V)		
1. IAW AR 55-46, AE SUP1 AR 55-46, and the JTR, SM requests command sponsorship for the following dependents: [REDACTED]		
2. Reason for request and date of circumstance which caused action to be initiated: Marriage as of [REDACTED]		
3. Date Soldier arrived overseas: [REDACTED] DEROS: [REDACTED] ETS: [REDACTED]		
4. Current address of dependents: [REDACTED]		
- Date dependents arrived overseas: N/A		
5. To the best of the Soldier's knowledge, the following are true as of the date the Soldier signed the request: - Soldier is not on assignment instructions and has no reenlistment/school obligation that prevents him/her serving 12 months in command after approval - Soldier's ETS allows him/her to serve a 36 month tour, with 12 months remaining in command after command sponsorship approval - Dependents have been screened through the Exceptional Family Member Program and are not warranted for EFMP - Family member(s) meet(s) criteria to qualify as a dependent as indicated in Appendix A, Volume I, Joint Federal Travel Regulation.		
Encls: DA Form 4187 (DEC 2022), ERB/ORB, DA Form 5888, PCS orders with all amendments bringing Soldier to Germany and to community, Documents justifying relationship, Passport for NON-US citizens.		
SECTION V - CERTIFICATION / APPROVAL / DISAPPROVAL		
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein - <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input checked="" type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER / AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)

DA FORM 4187, DEC 2022

PREVIOUS EDITIONS ARE OBSOLETE.

APD AEM V1.01ES Page 1 of 2

- ERB/ORB**
 - Check ETS date and ensure Soldier has 12 months left in service from date of request and that the Soldier can serve a total of 36 months at overseas location
 - Copy of extension paperwork if ETS date is within 36 months and the ERB is not updated to reflect the new ETS date

- DA 5888 with EFMP Review Stamp**
 - If Medical EFMP Warranted include the DD2792-1 (pages 1-11)
 - If Educational EFMP Warranted include DD2792-1R (pages 1-3) and IEP Packet

- PCS Orders assigning Soldier overseas and into the community**

- Document(s) justifying Command Sponsorship**
 - Marriage certificate, birth certificate, custody documents**, etc.
 - Spouse's citizenship must be proven

- Passport (for Non-US Citizens)**

- IMCOM-Europe VISA/SOFA Stamp Card (for VISA Restricted Countries only)**

- Completed request for Family Travel Document**
 - **Only required if dependents are stateside**

**All foreign documents must be submitted in one of two ways: submit a copy of the original foreign document, plus a copy of the document translated into English; or submit the international format document with multiple languages, one of which must be English.*

****Custody documents FOR US CITIZENS:** Legal documents from a United States Court must state that the Soldier or Soldier's Spouse is granted full legal and physical custody, permanent physical custody or sole managing conservatorship of a family member. A power of attorney, a foreign court document for a US citizen, DEERS enrollment, or a notarized statement is not authorized documentation.

****Custody documents FOR NON-US CITIZENS:** Must be a court document signed by a judge from the country of citizenship and must submitted with a copy of the document translated into English. Legal documents from a Foreign Court must state that the Soldier or Soldier's Spouse is granted full legal and physical custody, permanent physical custody or sole managing conservatorship of a family member. A power of attorney, DEERS enrollment, or a notarized statement is not authorized documentation.