



DEPARTMENT OF THE ARMY
ORGANIZATIONAL NAME/TITLE
STANDARDIZED STREET ADDRESS
CITY STATE 12345-1234

OFFICE SYMBOL

DATE

MEMORANDUM FOR CENTRAL ISSUE FACILITY, **[INSTALLATION NAME, STATE]**

SUBJECT: Request for Maternity Issue

1. IAW DA PAM 670-1, chapter 5, **[RANK, FIRST NAME MI. LAST NAME]** is authorized to wear Army maternity uniforms.
2. Request issue Maternity Utility Uniform ensemble for the following individual: **[FIRST NAME MI. LAST NAME, SSN]**
3. IAW AR 700-84, Para 4-9, page 10; DA Pam 710-2-1; CTA 50-900, Table 3, I have reviewed the service members doctor's certificate to verify pregnancy.
4. POC is **[SGT XXXXXXX]** at **XXX-XXX-XXXX**

[NAME]
Rank, Branch
Commanding