



FORT LEAVENWORTH FRONTIER HERITAGE COMMUNITIES II, LLC

Information from Military Identification Card

Information as it appears on Military ID

Name: _____

DOD#: _____

SSN#: _____ (verify visually)

Date of Birth: _____

Branch of Service: _____

Rank/Pay Grade: _____

Expiration date: _____

Notes:

FLFHC Employee Verifying

Date