



The Virginia Defense Force
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MILITARY AFFAIRS

CONSENT OF PARENT OR GUARDIAN

Name of Applicant _____
Last Name, First, Middle

Date of Birth ____/____/____

As Parent(s) or Guardian(s), I (we) am (are) responsible for the above named individual and consent to his (her) enlistment in the Virginia Defense Force.

(Father's Signature)

(Mother's Signature)

Signed before me this _____ day of _____, 20____.

(VDF Officer or Notary Public)

INSTRUCTIONS: *To be prepared and signed for each applicant who has attained his/her sixteenth birthday and has not attained his/her eighteenth birthday. One (1) copy to be maintained in the individual's company MHRR and one copy to be forwarded with the VDF Application for Enlistment (Enlistment packet.)*