

APPENDIX A

INSTRUCTIONS FOR COMPLETING DA FORM 61

ACTIVE COMPONENT SOLDIERS

		10. BRANCH (MOS if enl or wo)	11. ACT
AD			
AG		14. DATE OF BIRTH	15. stat
AR			
AV			
CA			
CM		18. PERMANENT ADDR	
EN			
FA			
FI		PHONE (Include area co	
IN		20. US CITIZEN	a. NATIVE
MI		<input type="checkbox"/> YES	<input type="checkbox"/> YES
MP		<input type="checkbox"/> NO	<input type="checkbox"/> NO
OD			
QM		21. CIVILIAN EDUCATI	
SC		a. HIGH SCHOOL GRAD	
SS		<input type="checkbox"/> YES	
TC			
AN		c. NAME AND LOCA	
CH		OR UNIVERSITY AT	
DE		USNA, USAFA, US	
JA			
MC			
MS			
SP		d. SPECIAL EDUCATIO	
VC		SHIPS, ETC.	

AR 350-51 3-2. Branch specialty preferences

On the DA Form 61, in item 6, applicants will indicate at least 10 branch preferences in order of preference.

a. Required preferences.

Applicants—2-combat arms, 2-combat support arms, and 2-combat service support arms. One combat arms branch must be among the first three choices. The remaining four branch choices will be at the applicant’s discretion (IAW AD 2016-01).

b. Restricted preferences.

(1) Applicants will not list CA, SS, AN (unless applicant is a graduate of an educational program in nursing), CH, DE, JA (unless the applicant has a J.D. or LL.B degree and has been admitted to the bar), MC, MS, SP, or VC as branch choices.

(2) The Surgeon General will determine area of concentration for applicants who request and are approved for branch assignment to the Medical Service Corps (MS). This decision will be based on the applicant’s professional and educational qualifications. Applicants for MS must possess at least a baccalaureate degree. (See AR 135-101, para 1-11d.)

RESERVE COMPONENT SOLDIERS

AR 140-50, 3-1c

c. Branch preferences.

(1) Each soldier will select three branches and list them in order of preference on DA Form 61. One of the choices must be for the branch unit vacancy that exists. The applicant must also agree, in a signed statement, to accept a commission in any branch as determined by the Department of the Army.

(2) Female applicants must refer to AR 611-101 for current restrictions on specialty codes, specialty skill identifiers, or additional skill identifiers that may not be awarded to women and the types of units in which women may not serve.

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SAVE		SAVE AS	
PRINT		EMAIL	
NEXT >>			
FA		PHONE (Include area code)	
FI		PHONE (Include area code)	
IN	20. US CITIZEN	a. NATIVE	b. <input type="checkbox"/> NATURALIZATION
MI	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> DERIVED
MP			<input type="checkbox"/> IMMIGRANT
OD	<input type="checkbox"/> NO	<input type="checkbox"/> NO	
QM	c. APPLICANT'S CERTIFICATE NO. (If item b. checked) (Date, place, court)		
SC	If you check "NO" and anything in b, you must enter a naturalization certificate number		
SS	21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)		
TC	SCHOOL	DATE	AND LOCATION OF HIGH SCHOOL
AN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CH	NAME AND UNIVERSITY	DATE OF EACH ATTENDED (Incl. USMA, US	DEGREE
DE			(1) DEGREE
JA			(2) SEMESTER CREDITS EARNED
MC			(3) YEARS ATTENDED
MS			(4) DATE GRADUATED
SP			DAY MONTH YEAR
VC			(5) MAJOR SUBJECT
22. HIGHEST LEVEL	YOU MUST BE A US CITIZEN BY BIRTH OR NATURALIZATION. IF NOT BORN IN THE US, YOU MUST SUPPLY A MEMO FROM YOUR COMMANDER VERIFYING YOUR NATURALIZATION. MEMO MUST INCLUDE DATE AND LOCATION OF CITIZENSHIP AND CERTIFICATE NUMBER. IF YOU CHECK "NO" IN BLOCK 20, YOU MAY NOT APPLY. IF YOU CHECK "YES" IN BLOCK 20 AND "NO" IN BLOCK 20a, YOU MUST CHECK ONE OPTION IN 20b AND ENTER YOUR CERTIFICATE NUMBER IN 20c		
a. NAME OF	IN PROBATION, EITHER FOR (Remarks))		
23a. FOREIGN LANG	D GIVE REASON		

DA FORM 61, JUN 1981

EDITION OF 1 AUG 74 AND DA FORM 61-R, 26 SEP 75, PRIVACY ACT STATEMENT, ARE OBSOLETE.

APD PE v2.01ES

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Forms Content Management

SAVE SAVE AS PRINT EMAIL << PREVIOUS NEXT >>

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? YES NO (If yes, attach affidavit)

25. I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN PROSECUTED, CONVICTED, FINED, OR OTHERWISE PUNISHED BY COURT OR OTHER AUTHORITY FOR ANY OF THE FOLLOWING OFFENSES: (a) DRUG VIOLATIONS, (b) PROCEEDINGS INVOLVING JUVENILE OFFENSES, ARTICLE 15, UCMJ, AND PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF A MILITARY OR CIVILIAN ORDINANCE? (Exclude traffic violations involving a fine or forfeiture.)
 YES NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.

27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)
		FROM	TO		
ENLISTED					
WAIVER VI OFFENSE					
COMMI/IS- SIGNED					

IF YOU CHECK "YES" IN 24, YOU MAY NOT APPLY.

IF YOU CHECK "YES" IN BLOCK 26, YOU MAY NOT APPLY; HOWEVER, YOU MAY REQUEST AN EXCEPTION TO POLICY BY DEADLINE NOTED IN CURRENT MILPER.

ENTER ALL PERIODS OF ACTIVE SERVICE IN WHICH YOU WERE ISSUED A DD FORM 214 IN BLOCK 27A AND CURRENT DUTY AND ATTACH COPIES OF ALL DD FORM 214s. SEE EXAMPLE ON LEFT.

27 EXAMPLE

If broken service

- Block A (organization) US ARMY
- Block B (from) 20010101 (to) 20041231
- Block C (Branch/MOS) 42A
- Block D (usually blank)
- Block E (Highest grade/component) E4/RA

IF THERE IS NO DISCHARGE OR BROKEN SERVICE BLOCK BE WILL SHOW (FROM) DATE OF ENLISTMENT (TO) PRESENT

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The screenshot shows the U.S. Army Forms Content Management interface. At the top, there are navigation buttons: SAVE, SAVE AS, PRINT, EMAIL, << PREVIOUS, and NEXT >>. The form itself is divided into several sections:

- f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES** and **g. DATE OF LAST ADL PROMOTION**: These fields are at the top of the form. A red arrow points to the date of last ADL promotion field.
- 28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)**: This section contains a table with columns for:
 - a. ORGANIZATION** (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)
 - b. DATES (Day, Month, Year)** with sub-columns for FROM and TO
 - c. BRANCH/MOS** (As appropriate)
 - d. PRIOR SERVICE NO.** (If applicable)
 - e. HIGHEST GRADE AND COMPONENT**
- 29. SOURCE OF CURRENT COMMISSION (If applicable)**: Includes checkboxes for ARNGUS (OCS, DIRECT APPOINTMENT, OTHER) and USAR (ROTC, ROTC (ECP), ROTC (SMP), OCS, DIRECT APPOINTMENT).
- 30. AWARDS (Do not list theater or service medals)**: A section for listing awards.
- 31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR:**
 - a. ROTC** with YES/NO columns.
 - b. OCS** with YES/NO columns.
 - c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)** with YES/NO columns.
 - d. APPOINTMENT IN REGULAR ARMY** with YES/NO columns.
- 31e. IF ANSWER IS "YES", EXPLAIN FULLY**: A text area for providing details if the answer to any of the above is "YES". A red arrow points to this section.

ENTER APPROPRIATE DATES – 27F SHOULD HAVE YOUR ETS DATE. 27G IS THE DATE OF YOUR LAST PROMOTION.

BLOCK 29 SHOULD BE BLANK

ENTER ONLY AWARD OF AAM OR HIGHER OR EQUIVALENT AWARD FROM OTHER SERVICES

A “YES” ANSWER IN BLOCK 31 REQUIRES A RESPONSE IN BLOCK 31e

BLOCK 32 SHOULD STATE EITHER YES OR NO. THIS BLOCK IS NOT ASKING IF YOU HAVE EVER SERVED IN A US MILITARY BRANCH IN A FOREIGN COUNTRY. IT’S ASKING IF YOU HAVE EVER BEEN IN A FOREIGN MILITARY OR A FOREIGN GOVERNMENT EMPLOYEE.

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34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY
BARS OF WHICH YOU ARE A MEMBER (Specify dates)

35. APPLICANTS FOR CHAPLAINS BRANCH ONLY
RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED

36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY

a. TRAINING

LEVEL	TYPE	b. NAME AND LOCATION OF HOSPITAL	c. DATES (Month and Year)	
			FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				

d. SPECIALTY BOARDS

e. DATES OF CERTIFICATION (Day, Month, Yr)

f. PLACE IN WHICH CURRENTLY LICENSED

37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY

a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL

b. LOCATION

c. DATES OF ATTENDANCE (Mo, Yr)

d. STATE AND CURRENT REGISTRATION NUMBER

e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)

f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)

(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE (Month, Year)	
			FROM	TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)
 YES NO

39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS

COURSE	DATES ATTENDED (Month and Year)		c. CAMP TRAINING
	FROM	TO	

BLOCKS 34 AND 35, BLANK

BLOCKS 36, 37 AND 38 ARE COMPLETED ONLY IF YOU ARE ALREADY QUALIFIED THROUGH EDUCATION OR EXPERIENCE. OTHERWISE LEAVE THEM BLANK

BLOCK 39, BLANK

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BLOCK 40, COMPLETE IF YOU HAVE EVER HAD A CIVILIAN OCCUPATION. USE ONLY YOUR MOST RECENT.

BLOCK 41, PUT EVERYTHING IN THIS BLOCK THAT INDICATES LEADERSHIP OR TEAM EXPERIENCE. EXAMPLES ARE: SHIFT SUPERVISOR AT A FAST FOOD RESTAURANT, TEAM CAPTAIN FOR FOOTBALL/SOCCER/BASEBALL/BASKETBALL, ETC TEAM IN HIGH SCHOOL OR COLLEGE. FRATERNITY OR SORORITY MEMBER/EXECUTIVE AT (INDICATE FRAT OR SORORITY). LIST MILITARY POSITIONS YOU HAVE HELD. EXAMPLES ARE HAND RECEIPT HOLDER FOR SECTION WITH \$xxxx DOLLARS WORTH OF EQUIPMENT, SQUAD LEADER, FIRE TEAM LEADER, ETC. THE BOARD WILL BE LOOKING FOR LEADERSHIP EXPERIENCE. THE MORE YOU LIST, THE BETTER IT LOOKS. USE A CONTINUATION PAGE IF NECESSARY.

DON'T FORGET TO SIGN THE FORM!

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THIS PAGE NOT TO BE COMPLETED BY APPLICANT

PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR (RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)

FROM: (Name and Address of Institution) TO: (Appropriate Region Commander)

a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ (Date)

d. APPLICANT HAS HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.

c. APPLICANT WILL HAVE ATTAINED WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.

d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A REGULAR RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.

e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ (Day, Month and Year)

DATE BRANCH FOR ASSIGNMENT SIGNATURE AND GRADE (PMS) [Click to Agree](#)

PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY (AR 351-5)

a. STATEMENT TO: DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____

2. I DO DO NOT RECOMMEND THE APPLICANT

3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service)

LEAVE THE TOP HALF EMPTY.

PART II IS FOR YOUR UNIT COMMANDER AND NEXT IMMEDIATE COMMANDER. THEY WILL COMPLETE THESE TWO BLOCKS. THEY MUST HAVE ENTRIES. IF YOUR TWO IMMEDIATE COMMANDERS COMPLETED LETTERS OF RECOMMENDATION, THEY WILL STILL COMPLETE THESE BLOCKS. IN THE REMARKS SECTION THEY CAN WRITE "SEE ATTACHED LETTERS OF RECOMMENDATION". ENTRIES ARE **REQUIRED** IN PART II.

DON'T FORGET TO HAVE BOTH COMMANDERS SIGN THESE TWO BLOCKS!!