

ARMED FORCES MEASUREMENT BLANK - SPECIAL SIZED CLOTHING FOR WOMEN

(Use a separate form for each item)

Privacy Act Statement

AUTHORITY: 10 USC 9832, 37 USC 418, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Use of Social Security Number is necessary to make positive identification of the individual and records associated with obtaining special measurement uniform clothing.

ROUTINE USE(S): Used to record individual member's measurements which are required to process special orders of uniform clothing for individuals who cannot be fitted with normal catalog sizes or alterations thereto. Information contained hereon is routinely disclosed to the Defense Personnel Support Center for each clothing item required and may be disclosed to any DOD component and, upon request, to other Federal, State, and local agencies in pursuit of their official duties. It may be used for other lawful purposes including law enforcement and litigation.

DISCLOSURE: Voluntary; however, failure to provide the information would preclude the orderly maintenance of property accounts or prevent the issuance of clothing items otherwise authorized under the Armed Forces Clothing Monetary Allowance Policies and Regulations.

1. PERSON TO BE FITTED

a. NAME (<i>Last, First, Middle Initial</i>)	b. SOCIAL SECURITY NUMBER	c. RANK / GRADE
d. ORGANIZATION	e. INSTALLATION	

2. CLOTHING OFFICER. I certify that the woman identified above cannot be properly fitted from stock sizes.

a. SIGNATURE	b. ORGANIZATION	c. GRADE	d. DATE (YYMMDD)
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INSTRUCTIONS

FOR BODY MEASUREMENTS - Measure closely over undergarments including bra using a measuring tape or cord to define waistline. For girths keep tape level all around. For waist hold tape to represent belt.
FOR GLOVES - Include an outline drawing both of the right and left hand with notations as to fitting problems such as short or long fingers, thick palms, etc.
FOR HATS OR CAPS - Include fitting problems such as broad forehead, etc.

	<p>Height (<i>without shoes</i>) _____ Ft. _____ In.</p> <p>Weight _____</p> <p>Shoulder Length _____ (A-B) _____ Total Arm Length _____ (A-C) _____ Back Waist Length _____ (D-E) _____ Front _____ (E) _____</p>	<p>*Total Crotch (A-B) _____</p> <p>Waist _____</p> <p>Measure from waist at front (A) through the crotch to the waist at the back (B) without constriction.</p> <p style="text-align: center;">CIRCLE MOST DESCRIPTIVE FIGURES FOR INDIVIDUAL BELOW</p> <table style="width: 100%; text-align: center;"> <tr> <td> NORMAL SHOULDERS</td> <td> SLOPING SHOULDERS</td> <td> SQUARE SHOULDERS</td> </tr> <tr> <td> FULL BUST</td> <td> REGULAR BUST</td> <td> FLAT BUST</td> </tr> <tr> <td> NORMAL</td> <td> SWAY BACK</td> <td> PROMINENT SEAT</td> <td> LARGE ABDOMEN</td> </tr> </table>	 NORMAL SHOULDERS	 SLOPING SHOULDERS	 SQUARE SHOULDERS	 FULL BUST	 REGULAR BUST	 FLAT BUST	 NORMAL	 SWAY BACK	 PROMINENT SEAT	 LARGE ABDOMEN
 NORMAL SHOULDERS	 SLOPING SHOULDERS	 SQUARE SHOULDERS										
 FULL BUST	 REGULAR BUST	 FLAT BUST										
 NORMAL	 SWAY BACK	 PROMINENT SEAT	 LARGE ABDOMEN									

3. INDIVIDUAL TAKING MEASUREMENTS

a. NAME (Last, First, Middle Initial)	b. TELEPHONE NO. (Include Area Code)	c. AUTOVON
4. DATE MEASUREMENTS TAKEN (YYMMDD)		5. BEST FITTING STOCK SIZE

6. CLOTHING TO BE ORDERED

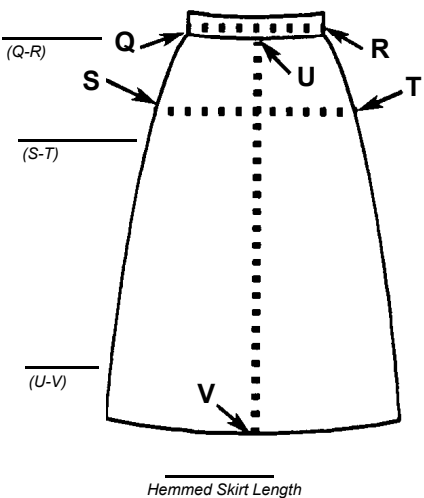
a. MILSTRIP REQUISITION NO.	b. NOMENCLATURE		
c. QUANTITY	d. UNIT COST	e. TOTAL COST	

7. CHANGES TO BE MADE TO BEST FITTING STOCK SIZE (Shorten, Lengthen, Add, Subtract, Raise, Lower, etc.)

a. GARMENT LENGTH	b. SLEEVE LENGTH	c. WAIST LENGTH	d. BUST GIRTH
e. WAIST GIRTH	f. HIP GIRTH	g. SKIRT LENGTH (Unhemmed)	

h. PROBLEMS ENCOUNTERED IN FITTING

MEASUREMENTS FOR FINISHED GARMENTS (Record As Applicable)



Hemmed Skirt Length

