**PEACEMAKER REGISTRATION FORM**

Record of Conscientious Objection to War

[From SSS Form 22, AUG 2000 DRAFT]

Type your written responses to each of the three questions below. If you wish, you may also attach letters from persons who know you or any other information you would like the local draft board to consider.

*Question 1A is not on the official Selective Service Form. We include it here to encourage everyone to clearly describe their beliefs, whether or not they are conscientious objectors to war.*

1. Describe your beliefs which are the reasons for **your claiming conscientious objection** to combatant military training and service or to all military training and service.

OR

1A. Describe your beliefs which are the reasons for **your support of participation** in military service and war.

2. Describe how and when you acquired these beliefs. Your answer may include such information as the influence of family members or other persons; training, if applicable; your personal experiences; membership in organizations; books and readings which influenced you.

3. Explain what most clearly shows that your beliefs are deeply held. You may wish to include a description of how your beliefs affect the way you live.

*Fill out the information below, and email this completed form to one or more of the three offices listed below. Print out a copy for yourself that says where you sent it. Put this paper copy in a folder with other items that document the sincerity of your beliefs such as school papers or speeches, letters of reference, etc. This folder becomes your CO File, ready to be shown to your local draft board in the event of a draft.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For your record, complete the following. This document was placed on file with:

□ My Congregation’s Office: (write in name & address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Conference Office: Central Plains Conference Minister for Christian Formation, P.O. Box 352, Kalona, IA 52247. Contact Shana Peachey Boshart, [shanaboshart@centralplainsmc.org](mailto:shanaboshart@centralplainsmc.org) or 319-936-5905.

□ MCC U.S. Peace and Justice Ministries, PO Box 500, Akron, PA 17501-0500

Questions may also be directed to Titus Peachey @ MCC US, Box 500, Akron, PA 17501, [tmp@mcc.org](mailto:tmp@mcc.org) or 717-859-3889.