



MCAS CHERRY POINT
COMMUNICATION STRATEGY AND OPERATIONS
 BLDG 4279, CHERRY POINT, NC 252-466-4241



HEIGHT AND WAIST VERIFICATION FORM

CERTIFICATION OF HEIGHT / WAIST AND BODY FAT PERCENTAGE IN THE CASE OF: _____

(RANK LAST NAME, FIRST NAME, MI. / SUFFIX EDIPI)

- REFERENCES: (a) MCO 1070.1
 (b) MCO 3104.1B
 (c) MARADMIN 052/19

The following information is hereby certified true and is submitted for use in the promotion photograph's digital title board for the below listed individual per references (a), (b), and (c).

LAST NAME: _____

FIRST NAME: _____

MI. / SUFFIX: _____

RANK: _____

PRIMARY MOS: _____

EDIPI: _____

HT / WST/ WHtR _____ (INCHES) (INCHES) (DECIMAL) (PERCENT)

BILLET ASSIGNMENT: _____

UNIT: _____

SPECIAL CIRCUMSTANCES: _____

CERTIFYING OFFICIAL: _____

___ Commanding Officer ___ Executive Officer ___ Sergeant Major ___ First Sergeant

CERTIFYING STATEMENTS

I certify that the above information is correct and accurate.

MARINE BEING CERTIFIED

CERTIFYING OFFICIAL

Signature: _____

Signature: _____

Date: _____

Date: _____