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| DEPARTMENT OF HOMELAND SECURITY  U.S. COAST GUARD  **ADMINISTRATIVE REMARKS** | | |
| **PRIVACY ACT STATEMENT**  Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.  **AUTHORITY**: 14 U.S.C. § 505  **PURPOSE**: To document a USCG service member’s achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.  **ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member’s achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).  **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administrating this form. | | |
| Entry Type: Separation (SEP-28), Conscientious Objector Discharge and VA Benefits  Reference: (a) Conscientious Objectors and the Requirement to Bear Arms, COMDTINST 1900.8 (series), 14.B  (b) Military Separations, COMDTINST M1000.4(series), ), 1.B.12.a.(8)  Responsible Level: Unit  Entry:  DDMMMYYYY: I have been advised of the provisions of Section 5303 of Title 38 U.S.C., concerning possible non-entitlement to benefits administered by the Department of Veterans Affairs due to discharge from military service as a conscientious objector under certain conditions. I understand that a discharge as a conscientious objector who refused to perform military duty or refused to wear the uniform, or otherwise to comply with lawful orders of competent military authority, will bar all rights, based upon the period of service from which discharged, under any laws administered by the Department of Veterans Affairs except my legal entitlement (if any) to any war risk, government (converted), or veterans life insurance.  Signature of Member | | |
| 1. NAME OF PERMANENT UNIT | 1. NAME OF UNIT PREPARING THIS FORM | |
| 1. NAME OF MEMBER (Last, First, MI) | 1. EMPLOYEE ID NUMBER | 1. GRADE/RATE |

Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

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