

UNIFORM MEASUREMENTS (MEN)

NAME: _____ SSN: _____
 LAST, FIRST, MI

***Please provide measurements as accurately as possible, based on your current dress clothes sizes.
 *There is no need to have a tailor measure you. Leave no blanks.**

***Please return this form to the Supply Officer in the preaddressed envelope.**

HEIGHT (EX. 64.5IN)	IN	WEIGHT	LBS
NECK	IN	CHEST	IN
WAIST	IN	ARM LENGTH	IN
INSEAM	IN	HEAD CIRCUMFERENCE	IN
SHOE SIZE EX 6,7,8, 9.5)		SHOE WIDTH (EX A,B,C,...EE)	

SIGNATURE: _____

ADDRESS: _____

PHONE: _____