

UNIFORM MEASUREMENTS (WOMEN)

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	BUST	IN
WAIST	IN	ARM LENGTH	IN
INSEAM	IN	HEAD CIRCUMFERENCE	IN
HIPS	IN	HAND LENGTH	IN
SHOE SIZE EX 6,7,8, 9.5)		SHOE WIDTH (EX A,B,C,...EE)	

SIGNATURE: _____

ADDRESS: _____

PHONE: _____