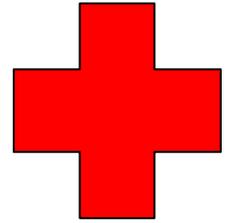




NCTC GULFPORT AMERICAN RED CROSS NOTIFICATION



Privacy Act Statement

Authority: USC 5701,37 USC 404-427, EO 9397,31 USC 3322,32 CFR 209 and/or 210.

Principle Purpose(s): Used for relaying Emergency Red Cross Message to the Chain of Command.

Routine Use(s): TO notified the chain of command of emergencies within a member's family.

Disclosure: Voluntary; however, failure to furnish information may result in not the individual not being notified of a family emergency.

In case of the American Red Cross contacting this command the following information will be attained:

DATE:	TIME:	RECEIVED BY:	TIME CDO NOTIFIED:
RED CROSS CHAPTER INFORMATION			
CHAPTER NAME:		NAME OF CALLER:	
TELEPHONE NUMBER (include area code):		CASE NUMBER:	
MEMBER'S INFORMATION			
LAST NAME:		FIRST NAME:	MIDDLE NAME:
SSN (Full):		Company/Department:	RATE/RANK:
RED CROSS MESSAGE			
FAMILY MEMBER'S NAME:		RELATIONSHIP:	
MESSAGE (Copy all information word for word . Use back of form if necessary. Don't be afraid to ask the caller to slow down and repeat information.)			
COMMAND CHECKLIST			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Notify Chaplain if message includes death or serious injury.		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Notify member's chain of command so they can determine how to notify member		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the member wish to go on leave? If yes, CDO may issue/approve after hours.		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does member require any financial assistance for Navy Relief? If yes, CDO will assist member as needed.		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does Member require assistance in transportation? If yes, CDO will assist member as needed.		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Attach this form to the Quarterdeck Log for review by the XO during the CDO Watch Turnover.		