MILPERS EMERGENCY INFORMATION SHEET

MEMBER INFO:

Name_____
Last First M.I.

Rate/Grade:_____ UIC:_____ Dept:_____

Arrived:_____

PRD: _____ M/F:_____ Race: _____

Education (Check the appropriate box):

☐ High School or GED ☐Associates Degree ☐Bachelor's Degree ☐Graduate Degree

Military Spouse with Dependents: ☐Yes ☐ No Single with Dependents: ☐Yes ☐ No

If yes to either: Dependent Care Certificate on File: ☐Yes ☐No

Local Address:_____

Home Phone:_____ Work Phone:_____

Email: _____

Primary Next of Kin: (Must be spouse if married):_____

Address:_____

Phone:_____ Relationship:_____

DEPENDENT'S INFO:

Spouse's name:_____

Date of Birth:_____ Place of Birth:_____

Passport #: _____

Address (If different than sponsor's):_____

Phone (If different than sponsor's):_____

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MILPERS EMERGENCY INFORMATION SHEET CONTINUED

Child's name:_____

Date of Birth:_____ Place of Birth:_____

Passport #: _____

School Attending:_____

Address (If different than sponsor's):_____

Child's name:_____

Date of Birth:_____ Place of Birth:_____

Passport #: _____

School Attending:_____

Address (If different than sponsor's):_____

Child's Name:_____

Date of Birth:_____ Place of Birth:_____

Passport #: _____

School Attending:_____

Address (If different than sponsor's):_____

Child's name:_____

Date of Birth:_____ Place of Birth:_____

Passport #: _____

School Attending:_____

Address (If different than sponsor's):_____

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