

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D.		2. SHIP OR STATION				3.		4.			
5. NAME OF SPOUSE				6. DATE OF BIRTH OF SPOUSE		7. RELATIONSHIP					
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTRY)				9. DATE MARRIED		10. CITIZENSHIP OF SPOUSE					
11. ADDRESS OF SPOUSE								12. DEP			
13. NAME OF CHILD OR DEPENDENT				14. DATE OF BIRTH		15. RELATIONSHIP					
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)										17. DEP	
18. NAME OF CHILD OR DEPENDENT				19. DATE OF BIRTH		20. RELATIONSHIP					
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)										22. DEP	
23. NAME OF CHILD OR DEPENDENT				24. DATE OF BIRTH		25. RELATIONSHIP					
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)										27. DEP	
28. NAME OF CHILD OR DEPENDENT				28. DATE OF BIRTH		29. RELATIONSHIP					
30. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)										31. DEP	
33. NAME OF FATHER											
34. ADDRESS (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)										35. DEP	
36. NAME OF MOTHER											
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)										38. DEP	
39. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		40. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE			41. DATE		42. PLACE (CITY & STATE OR COUNTRY)				
43. WAS SPOUSE PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		44. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE			45. DATE		46. PLACE (CITY & STATE OR COUNTRY)				
47. OTHER				48. ADDRESS				49. RELATIONSHIP			
50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)				51. ADDRESS				52. RELATIONSHIP			
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCES				54. ADDRESS				55. RELATIONSHIP		56. %	
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION				58. ADDRESS						59. %	
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)				61. ADDRESS				62. RELATIONSHIP		63. %	
64. LIFE INSURANCE DATA (NAME OF CO)(DO NOT INCLUDE SGLI)				65. ADDRESS				66. POLICY NUMBER			
67. RELIGION			68.	69.	70. RANK / RATE			71. PAGE 1	72. OF PAGES 1		
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)					74. SSN		75. USN <input type="checkbox"/>		76. USNR <input checked="" type="checkbox"/>		

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS

78. REMARKS

Is beneficiary designation of S.G.L.I on file? YES NO

DATE (If Yes)

NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOV'T LIFE INSURANCE.

79. SIGNATURE OF DESIGNATOR

80. SIGNATURE OF APPROVING OFFICER, TITLE AND DATE

CERTIFICATION OF DESIGNATOR

I have reviewed the data entered on this form and certify that it is correct.
Execute a new NAVPERS 1070/602 if data is not correct.

DATE	SIGNATURE OF DESIGNATOR	DATE	SIGNATURE OF DESIGNATOR