

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D. 63225		2. SHIP OR STATION NROTC UNIT, MARQUETTE UNIVERSITY, MILWAUKEE, WISCONSIN			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				29. DATE OF BIRTH		30. RELATIONSHIP		
31. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)							32. DEP	
33. NAME OF FATHER								
34. ADDRESS OF FATHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)							35. DEP	
35. NAME OF MOTHER								
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 37)							38. DEP	
41. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		42. 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 MIDN		71. PAGE 1	72. OF PAGES 1
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)				74. SSN		75. USN	76. USNR	
						<input type="checkbox"/>	<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