

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D. 63303		2. SHIP OR STATION NROTC UNIT, COLLEGE OF THE HOLY CROSS, WORCESTER, MA 01610-2395		3. [REDACTED]		4. [REDACTED]			
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 James Smith		34. ADDRESS OF FATHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35) 1 State St. Washington, DC 00000						35. DEP	
35. NAME OF MOTHER Jennifer Smith		37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 37) Same						38. DEP	
41. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input checked="" 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) James Smith				51. ADDRESS 1 State St. Washington, DC 00000		52. RELATIONSHIP father			
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCES James Smith				54. ADDRESS Same		55. RELATIONSHIP father	56. % 100		
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION James Smith				58. ADDRESS Same		59. % 100			
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING) James Smith				61. ADDRESS Same		62. RELATIONSHIP father	63. % 100		
64. LIFE INSURANCE DATA (NAME OF CO) (DO NOT INCLUDE SGLI)				65. ADDRESS		66. POLICY NUMBER			
67. RELIGION		68. [REDACTED]		69. [REDACTED]		70. RANK/RATE MIDN	71. PAGE 1	72. OF PAGES 1	
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE) Smith, James Robert				74. SSN 222-22-2222		75. USN <input checked="" type="checkbox"/>	76. USNR <input type="checkbox"/>		

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS

78. REMARKS
 PNOK:
 ADDRESS:
 TELEPHONE:

James Smith
Block 34

SNOK: *Jennifer Smith*
 ADDRESS: *Block 34*
 TELEPHONE:

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

James Robert Smith
James Robert Smith

80. SIGNATURE OF APPROVING OFFICER, TITLE, AND DATE

A. S. GIBBS, YNC(SW/AW, USN, ADMIN OFFICER

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