

**DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA**

1. UNIT ID 63303		2. SHIP OR STATION NROTCU HOLY CROSS, WORCESTER, MA			3.		4.			
5. NAME OF SPOUSE			6. DATE OF BIRTH OF SPOUSE		7. RELATIONSHIP					
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTY)			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 BK 35)								35. DEP NO		
36. NAME OF MOTHER										
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BK 38)								38. DEP NO		
39. WERE YOU PREVIOUSLY MARRIED? <u>  </u> YES <u>  </u> NO		40. PRIOR MARRIAGE DISSOLVED BY DEATH <u>  </u> ANNULMENT <u>  </u> DIVORCE <u>  </u>		41. DATE		42. PLACE (CITY & STATE OR COUNTY)				
43. WAS SPOUSE PREVIOUSLY MARRIED? <u>  </u> YES <u>  </u> NO		44. PRIOR MARRIAGE DISSOLVED BY DEATH <u>  </u> ANNULMENT <u>  </u> DIVORCE <u>  </u>		45. DATE		46. PLACE (CITY & STATE OR COUNTY)				
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 & ALLOWANCES			54. ADDRESS			55. RELATIONSHIP		56. % 100		
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. (SUBJECT TO SECNAV DETERMINATION)			58. ADDRESS						59. % 80	
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)			61. ADDRESS			62. RELATIONSHIP		63. % 100		
64. LIFE INSURANCE DATA (NAME OF CO) DON'T 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 USNR USNR		

