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| **DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA** |
| 1. UNIT ID63301 | 2. SHIP OR STATIONGEORGIA TECH NROTC UNIT, ATLANTA REGION | 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 CHILD      | 17. DEP      |
| 18. NAME OF CHILD OR DEPENDENT      | 19. DATE OF BIRTH      | 20. RELATIONSHIP      |
| 21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CHILD      | 22. DEP      |
| 23. NAME OF CHILD OR DEPENDENT      | 24. DATE OF BIRTH      | 25. RELATIONSHIP      |
| 26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CHILD      | 27. DEP      |
| 28. NAME OF CHILD OR DEPENDENT      | 29. DATE OF BIRTH      | 30. RELATIONSHIP      |
| 31. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CHILD      | 32. DEP      |
|  | 33. NAME OF FATHER  |
| 34. ADDRESS OF FATHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)      | 35. DEP |
| 36. NAME OF MOTHER      |
| 37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 38)      | 38. DEP |
| 39. WERE YOU PREVIOUSLY MARRIED? [ ]  YES [x] NO | 40. PRIOR MARRIAGE DISSOLVED BY [ ]  DEATH [ ]  ANNULMENT [ ]  DIVORCE | 41. DATE      | 42 PLACE (CITY & STATE OR COUNTRY)      |
| 43. WAS SPOUSE PREVIOUSLY MARRIED? [ ]  YES [ ]  NO | 44. PRIOR MARRIAGE DISSOLVED BY [ ]  DEATH [ ]  ANNULMENT [ ]  DIVORCE | 45. DATE      | 46 PLACE (CITY & STATE OR COUNTRY)      |
| 47. OTHERN/A | 48. ADDRESS   | 49. RELATIONSHIP      |
| 50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE, OR MINOR CHILD)N/A | 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/RATEMIDN | 71. PAGE1 | 72. OF PAGES2 |
| 73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)     ,             | 74. SSN    -    –      | 75. USN 76. USNR[ ]  [x]  |
| NAVPERS 1070/602 | S/N 0106-LF-018-6035 | **PART II** | BUREAU OF NAVAL PERSONNEL |

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| NAVPERS 1070/602 (Rev. 7-72) (PART II) BACK) |
| 77. LOCATION OF WILL OR OTHER VALUABLE PAPERS     |
| 78. REMARKS      |
| Is beneficiary designation of S. G. L. I. on file? [x]  YES [ ]  NO | DATE (If Yes)      |
| NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOV’T LIF INSURANCE. |
| 79. SIGNATURE OF DESIGNATOR | 80 SIGNATURE OF APPROVING OFFICER, TITLE, AND DATE |
|       |      ,            ,       |
|  |
| CERTIFICATION OFDESIGNATORI 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 |
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