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| **DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA** | | | | | | | | | | | | | | | | | | | | | | |
| 1. UNIT ID  63301 | | | 2. SHIP OR STATION  GEORGIA 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 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. OTHER  N/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/RATE  MIDN | | | | | 71. PAGE  1 | | | | 72. OF PAGES  2 | | |
| 73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)       , | | | | | | | | | | | 74. SSN      -    – | | | | | | 75. USN 76. USNR | | | | |
| 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?  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 | | | | |
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| CERTIFICATION OFDESIGNATOR  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 | | |
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