DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT ID							3.	4.		
63303	63303 NROTCU HOLY CROSS, WORCESTER,									
5. NAME OF SPOUSE 6. I			6. DATE O	DATE OF BIRTH OF SPOUSE			7. RELATIONSHIP			
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTY) 9. DATE M				ARRIED	RIED 10. CITIZENSHIP OF SPOUSE					
	11. ADDRESS OF	SPOUSE							12. DEP	
13. NAME OF CHILD OR DEPENDENT					14. DATE OF BIRT	н	15. RELATIO	15. RELATIONSHIP		
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIM				MANT)				17. DEP		
18. NAME OF CHILD OR DEPENDENT				19. DATE OF BIRTH 20. R			D. RELATIONSHIP			
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIM				ANT) 22. DEP			22. DEP			
23. NAME OF	23. NAME OF CHILD OR DEPENDENT				24. DATE OF BIRT	24. DATE OF BIRTH 25. RELATIONSHIP				
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)								27. DEP		
28. NAME OF	F CHILD OR DEPEN	DENT			29. DATE OF BIRT	Н	30. RELATIO	30. RELATIONSHIP		
31. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)									32. DEP	
	33.NAME OF FATHER									
34. ADDRES	S OF FATHER (SEE	SPECIAL INSTR	RUCTIONS	BEFORE CO	MPLETING BK 35)				35. DEP	
	(-				,				NO	
36. NAME OF	FMOTHER									
37. ADDRES	S OF MOTHER (SEE	E SPECIAL INST	RUCTIONS	BEFORE CO	OMPLETING BK 38)				38. DEP	
39. WERE YOU PREVIOUSLY 40. PRIOR MARRIAGE DISSOLVED					41. DATE					
MARRIED? _YESNO BY DEATH ANNULMENT DIVORCE										
43. WAS SPOUSE 44. PRIOR MARRIAGE DISSOLVED				45. DATE 46. PLACE (CITY & STATE OR COUNTY)						
_YESNO	Y MARRIED?	DIVORCE		LMENT						
47. OTHER 48. ADDRESS			ESS				49. RELATIONSHIP			
50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)				IINOR	51. ADDRESS			52. RELATIONSHIP		
OTHED)										
OS. DENEI IOIAKT(O) I OK ONI AID I AT G			54. ADDRE	DRESS 5			ONSHIP	56. % 100		
ALLOWANCES							100			
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. (SUBJECT TO SECNAV DETERMINATION) 58. ADDRE				59. % 80						
GIATOS. (GODDEOT TO SESTIAN DETERMINATION)										
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING) 61. ADDRE				ESS 62. RE			ELATIONSHIP 63. % 100			
64. LIFE INSURANCE DATA (NAME OF CO) DON'T 65. ADDRE				ESS 66. POLICY NUMBER			NUMBER	1		
67. RELIGION 68. 69.		69.	70. RANK/RATE MIDN		71. PAGE	72. OF PAGES				
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)					74. SSN		75. USN USNR			
NAVPERS 10	NAVPERS 1070/602(5C)(REV 7-72)S/N 0106-018-6022									

NAVPERS 1070/602 (REV 7-72) (PART II) (BACK)

77. LOCTION OF WILL OR OTHER VALUABLE PAPERS									
78. REMARKS									
PNOK:		SNOK:							
	CK 34	ADDRESS: BLOCK 37							
TELEPHONE:		TELEPNONE:							
IS BENEFICIARY	DESIGNATION OF S.G.L.I. ON FILE?x	YES NO	DATE:						
NOTE: THIS FORM D	OES NOT DESIGNATE OR CHANGE BENEFIC	CIARIES OF GOV'T LIF	E INSURANCE.						
79. SIGNATURE OF DESIG	NATOR	80. SIGNATURE OF APPR	OVING OFFICER, TITLE AND DATE						
	CERTIFICATION	OF DESIGNATOR							
	ozitii ioaliok	or Besidiarion							
I HAVE REVIEWED THAT I	DATA ENTERED ON THIS FORM AND CERTIFY THAT IT IS	CORRECT							
I HAVE REVIEWED THAT DATA ENTERED ON THIS FORM AND CERTIFY THAT IT IS CORRECT. EXECUTE A NEW NAVPERS 1070/602 IF DATA IS NOT CORRECT.									
ELECTION AND ADDRESS AND ADDRE									
		T							
DATE	SIGNATURE OF DESIGNATOR	DATE	SIGNATURE OF DESIGNATOR						