

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D. <b>68355</b>		2. SHIP OR STATION <b>NROTC UNIT, VIRGINIA MILITARY INSTITUTE, LEXINGTON, VA 24450-2697</b>		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 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 BLOCK 35)						35. DEP <b>NO</b>		
35. NAME OF MOTHER								
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 38)						38 DEP <b>NO</b>		
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)				51. ADDRESS		52. RELATIONSHIP		
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCES				54. ADDRESS		55. RELATIONSHIP <b>PARENTS</b>	56. % <b>50/50</b>	
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION				58. ADDRESS			59. % <b>50/50</b>	
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)				61. ADDRESS		62. RELATIONSHIP <b>PARENTS</b>	63. % <b>50/50</b>	
64. LIFE INSURANCE DATA (NAME OF CO) (DO NOT INCLUDE SGLI)				65. ADDRESS		66. POLICY NUMBER		
67. RELIGION		68.	69.		70. RANK/RATE <b>MIDN</b>		71. PAGE <b>1</b>	72. OF PAGES <b>1</b>
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)				74. SSN		75. USMCR <input type="checkbox"/>	76. USNR <input type="checkbox"/>	

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 LIFE INSURANCE.**

79. SIGNATURE OF DESIGNATOR

80. SIGNATURE OF APPROVING OFFICER, TITLE, AND DATE

**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