

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D.	2. SHIP OR STATION		
5. NAME OF SPOUSE		6. DATE OF BIRTH OF SPOUSE	7. RELATIONSHIP
8. PLACE OF MARRIAGE (CITY & STATE IF 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 BOX 35)			35. DEP
36. NAME OF MOTHER			
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BOX 38)			38. DEP
39. WERE YOU PREVIOUSLY MARRIED? YES NO		40. PRIOR MARRIAGE DISSOLVED BY DEATH ANNULMENT DIVORCE	
43. WAS SPOUSE PREVIOUSLY MARRIED? YES NO		44. PRIOR MARRIAGE DISSOLVED BY DEATH ANNULMENT DIVORCE	
41. DATE		42. PLACE (CITY & STATE OR COUNTY)	
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 AND ALLOWANCES		54. ADDRESS	
55. RELATIONSHIP		56. %	
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINA		58. ADDRESS	
59. %			
60. BENEFICIARY(S) FOR GRATUITY PAY		61. ADDRESS	
62. RELATIONSHIP		63. %	
64. LIFE INSURANCE DATA (NAME OF CO) DO NOT INCLUDE SGLI) NONE		65. ADDRESS	
66. POLICY NUMBER			
67. RELIGION		68.	69.
70. RANK / RATE		71. PAGE	
ENS/O1		1	
72. OF PAGES		73. USN	
2		X	
74. SSN		75. USNR	
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)			

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS

78. REMARKS

PRIMARY NEXT OF KIN AND TELEPHONE NUMBER:

SECONDARY NEXT OF KIN AND TELEPHONE NUMBER:

Is beneficiary designation of S.G.L.I on file?

DATE (If Yes)
ON FILE

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