

PERSONNEL DATA CARD - NAVEUR NAVSUPACT NAPLES 1070/1 (New 1-2001)

NAME (Last, First, Middle Initial)		RANK/RATE	SSN	NEC/DES.	EAOS (MM/DD/YY)
DATE OF RANK (MM/DD/TT)	UIC	DEPT.	PRD (YY/MM)	REPORT DATE	
OFFICER ONLY BSC ASSIGNED; _____ BILLET TITLE: _____		WORK PHONE		DATE DETACHED LAST COMMAND	
WORK LOCATION (V) <input type="checkbox"/> AGNANO <input type="checkbox"/> AFSOUTH <input type="checkbox"/> CAPO <input type="checkbox"/> NISIDA <input type="checkbox"/> PINETAMARE <input type="checkbox"/> ROME					
HOME OF RECORD (State /Country)			COPY OF TRANSFER FITREP/EVAL PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		

PERSONAL DATA

DATE OF BIRTH (MM/DD/YY)	SEX/GENDER	RACE (V) <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> OTHER/UNKNOWN			
EDUCATION (V) <input type="checkbox"/> NON HIGH SCHOOL GRAD. <input type="checkbox"/> GED <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> 2 YRS COLLEGE <input type="checkbox"/> BACHELOR DEGREE <input type="checkbox"/> GRADUATE DEGREE					
MARITAL STATUS	IS SPOUSE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A SINGLE PARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE IS THE MILITARY SPOUSE ATTACHED?		

IF YOU AND YOUR SPOUSE ARE DUAL MILITARY WITH CHILDREN, OR YOU ARE A SINGLE PARENT, YOU MUST COMPLETE A FAMILY CARE PLAN.

DEPENDENTS INFORMATION

FIRST NAME	COMMAND SPONSORED (IF FUNDED ON ORDERS)		COUNTRY/STATE RESIDING	DATE OF BIRTH (MM/DD/YY)
	(YES)	(NO)		
SPOUSE _____				
DEPN 1 _____				
DEPN 2 _____				
DEPN 3 _____				
DEPN 4 _____				
DEPN 5 _____				
DEPN 6 _____				
DEPN 7 _____				

PRIVACY ACT STATEMENT

- 1. Authority .** This information is requested pursuant to USC 301 Departmental Regulations.
- 2. Principal Purpose .** To assist officials and employees of the Navy in the management, supervision, and administration of the operations for related affairs and functions.
- 3. Mandatory or Voluntary Disclosure and Effect on Individuals not Providing Information.** Disclosure is voluntary. Refusal to disclose requested information will result in it being obtained from other personnel records.

REMARKS

WITNESS	SIGNATURE	DATE
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