RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

_____
(Signature of Servicemember)

1. NAME *(Last, First, Middle)*	2a. SSN	b. INITIAL *(To indicate valid SSN)*	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION

4a. SPOUSE NAME	b. ADDRESS *(Include ZIP Code)*

5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH *(YYYYMMDD)*	d. ADDRESS *(Include ZIP Code)*

6a. FATHER NAME	b. ADDRESS *(Include ZIP Code)*
7a. MOTHER NAME	b. ADDRESS *(Include ZIP Code)*
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD

9a. BENEFICIARY(IES) FOR DEATH GRATUITY *(If no surviving spouse or child)*	b. ADDRESS *(Include ZIP Code)*	c. PERCENTAGE
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES	b. ADDRESS *(Include ZIP Code)*	c. PERCENTAGE

11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING *(Subject to Secretarial determination)*

12. INSURANCE *(SGLI and other Insurance Companies/Policy Numbers)*	a. SGLI *(Optional Service Use)* ☐ MAXIMUM ☐ NO ☐ OTHER *(Amount)* _____	b. INSURANCE COMPANIES/POLICY NUMBERS

13. CONTINUATION/REMARKS

14. SIGNATURE OF SERVICEMEMBER *(Include rank, rate, or grade)*	15. SIGNATURE OF WITNESS *(Include rank, rate, or grade)*	16. DATE SIGNED *(YYYYMMDD)*