

RECORD OF EMERGENCY DATA

When filling out this form you MUST use full names (No initials)

Your Name In Full _____
(LAST) (FIRST) (MIDDLE) (Jr., III, if applicable)

If Married Complete the Following:

5. NAME OF SPOUSE: _____
(FIRST) (MIDDLE) (MAIDEN NAME) (MARRIED NAME)

6. DATE OF BIRTH OF SPOUSE: _____ 7. RELATIONSHIP: _____
(DATE, MONTH, YEAR) (WIFE/HUSBAND)

8. PLACE OF MARRIAGE: _____ 9. DATE MARRIED: _____
(CITY/STATE) (DATE/MON/YR)

10. CITIZEN OF SPOUSE: _____

11. ADDRESS OF SPOUSE: _____
(NUMBER/NAME OF STREET)

(CITY) (STATE) (ZIP CODE)

12. DEPENDENT UPON YOUR SUPPORT: YES NO (CIRCLE ONE)

13. NAME OF CHILDREN (IF APPLICABLE). GIVE FULL NAME, COMPLETE ADDRESS, SEX, AND DATE OF BIRTH:

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ALL SHOULD COMPLETE THE FOLLOWING

33. NAME OF FATHER: _____
(FIRST) (MIDDLE) (LAST)

34. ADDRESS OF FATHER: _____
(NUMBER/NAME OF STREET) (CITY/STATE) (ZIP CODE)

35. DEPENDENT UPON YOUR SUPPORT: YES NO (CIRCLE ONE)

36. NAME OF MOTHER: _____
(FIRST) (MIDDLE) (MAIDEN NAME) (LAST)

37. ADDRESS OF MOTHER: _____
(NUMBER/NAME OF STREET) (CITY/STATE) (ZIP CODE)

38. DEPENDENT UPON YOUR SUPPORT: YES NO (CIRCLE ONE)

39. PREVIOUSLY MARRIED: YES NO (CIRCLE ONE) (DATE/PLACE OF DIVORCE/DEATH)

43. SPOUSE PREVIOUSLY MARRIED: YES NO (CIRCLE ONE) _____

50. NEXT OF KIN OF SPOUSE (SPOUSES' PARENT - LIST EITHER FATHER OR MOTHER)

(FIRST) (MIDDLE) (MAIDEN NAME (IF APPLICABLE)) (LAST)

51. ADDRESS OF NEXT OF KIN: _____
(NUMBER/STREET) (CITY/STATE) (ZIP CODE)

52. RELATIONSHIP TO SPOUSE: _____

53. PERSON TO RECEIVE UNPAID PAY/ALLOWANCES IN EVENT OF YOUR DEATH:

(FIRST) (MIDDLE) (LAST NAME)

54. ADDRESS OF PERSON TO RECEIVE UNPAID PAY/ALLOWANCES IN EVENT OF YOUR DEATH:

(NUMBER/STREET) (CITY/STATE) (ZIP CODE)

DO NOT STOP - TURN SHEET OVER

57. PERSON TO RECEIVE ALLOTMENT IN EVENT OF YOUR DEATH:

(FIRST) (MIDDLE) (LAST NAME)

58. ADDRESS OF PERSON TO RECEIVE ALLOTMENT IN EVENT OF YOUR DEATH:

(NUMBER/STREET) (CITY/STATE) (ZIP CODE)

60. BENEFICIARY OF GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING) - YOU NORMALLY NAME ONE OF YOUR PARENTS:

(FIRST) (MIDDLE) (LAST NAME)

61. ADDRESS OF BENEFICIARY OF GRATUITY PAY:

(NUMBER/STREET) (CITY/STATE) (ZIP CODE)

62. RELATIONSHIP OF ITEM #60:

(FATHER OR MOTHER OR SPOUSE IF MARRIED)

64 - 66. NAME(S)/ADDRESS(ES)/POLICY NUMBER(S) OF ALL INSURANCE COMPANY(IES) WITH WHOM YOU HAVE LIFE INSURANCE:

67. RELIGION (CHECK APPROPRIATE BLOCK BELOW)

- | | |
|--|---|
| <input type="checkbox"/> BAPTIST (AMERICAN BAPTIST CONVENTION) | <input type="checkbox"/> LATTER DAY SAINTS (MORMAN) |
| <input type="checkbox"/> BAPTIST (OTHER) | <input type="checkbox"/> LUTHERAN |
| <input type="checkbox"/> BAPTIST (SOUTHERN BAPTIST CONVENTION) | <input type="checkbox"/> LUTHERAN MISSOURI SYNOD |
| <input type="checkbox"/> ASSEMBLIES OF GOD | <input type="checkbox"/> METHODIST (UNITED) |
| <input type="checkbox"/> CHURCH OF THE BRETHERN | <input type="checkbox"/> METHODIST (OTHER) |
| <input type="checkbox"/> BUDDIST | <input type="checkbox"/> MUSLIM |
| <input type="checkbox"/> CHURCH OF CHRIST | <input type="checkbox"/> NAZARENE, CHURCH OF THE |
| <input type="checkbox"/> CHURCH OF CHRIST (UNITED) | <input type="checkbox"/> NO RELIGIOUS PREFERENCE |
| <input type="checkbox"/> CHURCH OF GOD | <input type="checkbox"/> OTHODOX, RUSSIAN |
| <input type="checkbox"/> CHRISTIAN SCIENCE | <input type="checkbox"/> OTHER (HINDU, BAHAI, ETC) |
| <input type="checkbox"/> DISCIPLES OF CHRIST | <input type="checkbox"/> PRESBYTERIAN |
| <input type="checkbox"/> EPISCOPAL, PROTESTANT | <input type="checkbox"/> PROTESTANT (NODENOMINATIONAL PREFERENCE) |
| <input type="checkbox"/> EVANGELICAL UNITED BRETHERN | <input type="checkbox"/> PROTESTANT (OTHER) |
| <input type="checkbox"/> FRIENDS (QUAKER) | <input type="checkbox"/> REFORMED |
| <input type="checkbox"/> ORTHODOX (GREEK) | <input type="checkbox"/> ROMAN CATHOLIC |
| <input type="checkbox"/> JEHOVAH'S WITNESS | <input type="checkbox"/> SALVATION ARMY |
| <input type="checkbox"/> JEWISH | <input type="checkbox"/> UNITARIAN |
| <input type="checkbox"/> 7TH DAY ADVENTIST | |

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS (LIFE INSURANCE POLICIES)

(NUMBER/STREET) (CITY/STATE) (ZIP CODE)

(YOUR SIGNATURE)