

RECORD OF EMERGENCY DATA

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The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, and 44 USC 3101
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

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 (other family members or fiancé), 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 personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

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. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial) Bacon, Chris P.		2. DOD IDENTIFICATION NUMBER or SSN 1234567895	
3a. SERVICE/CIVILIAN CATEGORY <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AIR FORCE <input type="checkbox"/> SPACE FORCE		b. REPORTING UNIT CODE/DUTY STATION Columbus State University/WoN602	
3c. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) NA		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER NA	
c. PHONE NUMBERS (Home, Mobile, Other) 706-568-1234		d. PREFERRED LANGUAGE English	e. DoD AFFILIATION
5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. PARENT ONE NAME (Last, First, Middle Initial) Bacon, Sam E.		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other) 457 Pork Lane; Columbus, GA. 706-568-1234	
7a. PARENT TWO NAME (Last, First, Middle Initial) Bacon, Becky T.		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other) 457 Pork Lane; Columbus, GA. 706-568-1234	
8a. STEP PARENT ONE (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)	


CUI (when filled in)

9a. STEP PARENT TWO <i>(Last, First, Middle Initial)</i>	b. ADDRESS <i>(Include ZIP Code) AND TELEPHONE NUMBERS</i> <i>(Home, Mobile, Other)</i>
10a. DO NOT NOTIFY PERSON DUE TO THEIR ILL HEALTH	b. NOTIFY INSTEAD
11a. DESIGNATED PERSON(S) <i>(Military: Duty Status - Whereabouts Unknown Civilian: Excused Absence-Whereabouts Unknown)</i>	b. ADDRESS <i>(Include ZIP Code) AND TELEPHONE NUMBER</i>
12. CONTRACTING AGENCY AND TELEPHONE NUMBER <i>(Contractors only)</i>	

SECTION 2 - BENEFITS RELATED INFORMATION

13a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i> Bacon, Sam E. Bacon, Becky T.	b. RELATIONSHIP Father Mother	c. ADDRESS <i>(Include ZIP Code) AND TELEPHONE NUMBER</i> Same as 6b Same as 7b	d. PERCENTAGE 50% 50%
14a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only)</i> NAME AND RELATIONSHIP Bacon, Sam E. Bacon, Becky T.	b. ADDRESS <i>(Include ZIP Code) AND TELEPHONE NUMBER</i> Same as 13c Same as 13c		c. PERCENTAGE 50% 50%
15a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>(Military only)</i> NAME AND RELATIONSHIP	b. ADDRESS <i>(Include ZIP Code) AND TELEPHONE NUMBER</i>		

16. CONTINUATION/REMARKS

17. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i> 	18. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i> 	19. DATE SIGNED <i>(YYYYMMDD)</i> 20230606
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