

Record Of Emergency Data

Individual Information

Name	Rank	SSAN	Phone
Religious Pref.	Marital Status	Address	
Status of Mother	Status of Father	No. Of Children	

Insurance

Unpaid Pay and Allowances

Recipient	Percent Received

Death Gratuity

Recipient	Percent Received

Emergency Contact Information

	Relationship	Home Phone	DOB	Address	Notify If Missing? YES	Guardian
Name	Relationship	Home Phone	DOB	Address	Notify If Missing? YES	Guardian
Name	Relationship	Home Phone	DOB	Address	Notify If Missing? YES	Guardian

Notification Due to Ill Health

Person Authorized to Direct Disposition (PADD) of Your Remains

Remarks

NO ADDITIONAL REMARKS PROVIDED.

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand providing false information may be used for administrative, criminal, or other adverse actions.

ELECTRONICALLY SIGNED BY:

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This electronic record satisfies the requirements of the DD Form 93, Record of Emergency Data

THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED

I AW AFI 330332 AND DOD REGULATION 5400.11.

PRIVACY ACT OF 1974, AS AMENDED, APPLIES.