

EMERGENCY DATA SHEET

SERVICEMEMBER NAME: _____

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. S301, 10 U.S.C. S6161; 10 U.S.C. S2774

PURPOSE: TO ASSIST IN THE MANAGEMENT, SUPERVISION, AND ADMINISTRATION OF PERSONAL SERVICES, BENEFITS, AND ENTITLEMENT FOR NAVY SERVICEMEMBERS AND THEIR DEPENDENTS.

ROUTINE USES: IN ADDITION TO BEING USED WITHIN THE DEPARTMENT OF THE NAVY AND DEPARTMENT OF DEFENSE FOR THE PURPOSE INDICATED ABOVE, INFORMATION FROM THE EMERGENCY DATA SHEET MAY BE RELEASED TO OFFICIALS AND EMPLOYEES OF THE VETERANS ADMINISTRATION IN THE PERFORMANCE OF THEIR OFFICIAL DUTIES RELATED TO THE ELIGIBILITY, NOTIFICATION, AND ASSISTANCE IN OBTAINING BENEFITS BY MEMBERS, TO OFFICIALS AND EMPLOYEES OF NAVY RELIEF AND AMERICAN RED CROSS IN THE PERFORMANCE OF THEIR DUTIES RELATED TO ASSISTANCE OF THE MEMBERS, THEIR DEPENDENTS AND RELATIVES, TO STATE AND LOCAL GOVERNMENT AGENCIES IN THE PERFORMANCE OF THEIR OFFICIAL DUTIES RELATED TO ASSISTANCE OF MEMBERS AND THEIR DEPENDENTS; TO NON-GOVERNMENT AGENCIES ONLY TO ASSIST MEMBERS AND THEIR DEPENDENTS, WHEN REQUIRED BY FEDERAL STATUE, BY EXECUTIVE ORDER, OR BY TREATY, PERSONAL RECORD INFORMATION WILL BE DISCLOSED TO THE INDIVIDUAL, ORGANIZATION, OR GOVERNMENT AGENCY AS NECESSARY.

MANDATORY OR VOLUNTARY DISCLOSURE

NAVY MEMBERS MUST PROVIDE THEIR IDENTIFICATION DATA, NAMES AND ADDRESSES OF NEXT OF KIN IS MANDATORY.

PROVIDING ALL OTHER INFORMATION IS VOLUNTARY.

IF YOU DO NOT PROVIDE ALL THE INFORMATION REQUESTED, MILITARY PERSONNEL RESPONSIBLE FOR ASSISTING YOU AND YOUR DEPENDENTS IN THE EVENT OF AN EMERGENCY WILL HAVE GREATER DIFFICULTY IN ASSISTING IN PROVIDING BENEFITS AND ENTITLEMENT.

DATE: _____ SIGNED: _____

A. Servicemember and Spouse

1. Servicemember's name: _____
SSN: _____ Rank/Rate: _____
2. Spouse's name: _____
SSN: _____
3. Home address: _____
Spouse's address: _____
(If different from servicemember)

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a. Give explicit directions to your home:

4. Home telephone number: _____

5. If spouse works, who is their employer: _____

a. Work telephone number: _____

b. Work address: _____

c. Work shift hours: _____

6. Religion and church affiliation:

a. Servicemember: _____ b. Spouse: _____

7. Spouse's weekly routine: _____

(I.e., does she/he regularly go somewhere everyday or one day a week)

B. CACP (Casualty Assistance Calls Program)

1. CACO (Casualty Assistance Calls Officer):

Consideration must be given to the availability of persons named; for example, deployments, transfers, or retirement. Husband and wife should discuss their choices and request permission of those named.

	NAME	UNIT	PHONE (work/home)
1ST	_____	_____	_____
2ND	_____	_____	_____
3RD	_____	_____	_____

2. In the event of serious injury or death to the servicemember, who do you spouse) wish to accompany the Navy representative when the initial call is made (i.e., friend, local relative)?

NAME	ADDRESS	PHONE
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Is there anyone you (spouse) do NOT want to see at this time? YES/NO

3. Would you (spouse) like to have a clergyman/chaplain present during notification? YES/NO

If a specific clergyman is desired, please give name and church.

4. Do you (spouse) or a member of your family have a medical problem that may require a physician during notification? YES/NO

If so what? _____

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5. Names of friends or relatives in the local area who you (spouse) want notified first after the arrival of the official party.

NAME

PHONE

Can they be of help? YES / NO

6. Are there any elderly dependents residing at your home address or at a nearby convalescent home? YES / NO

NAME

RELATIONSHIP

ADDRESS

Can they be of help? YES / NO

7. Notification if you (spouse) are away from the local area:

a. A clergyman of your choice in your hometown? YES / NO

Name: _____

Address/phone: _____

Church: _____

Address/phone: _____

b. Neighbor/friend/relatives? YES / NO

Name: _____

Address: _____

Phone: _____

c. Local military representative in the area? YES / NO

C. Parents and In-laws

1. Servicemember's parents: _____

Address: _____

Phone: _____

2. Servicemember's close relatives:

NAME

ADDRESS

PHONE

3. Spouse's parents: _____

Address: _____

Phone: _____

4. Spouse's close relatives:

NAME

ADDRESS

PHONE

5. How would you like (servicemember) want your parents or next of kin to be notified?

a. Local military representative in their area? YES / NO

b. A telephone call from your spouse, if applicable? YES / NO

c. A telephone from some other local source? YES / NO

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(I.e., Chaplain, CO, friend)

If so, who? Give name, address, and phone.

d. A personal visit from another family member, clergyman, or friend in their area? YES / NO

If so, who? (Name, address, phone and relationship to parents)

6. How would you (spouse) want your parents or next of kin to be notified?

a. Local military representative in their area? YES / NO

b. A telephone call from your spouse (servicemember)? YES / NO

c. A telephone call from some other local source? YES / NO

(I.e., Chaplain, CO, CO's wife, friend)?

If so who? Give name, address and phone.

d. A personal visit from another family member, clergyman, or friend in their area? YES / NO

If so, who? Give name, address phone and relationship to parents.

7. Are there any medical considerations that would require a physician during notification? YES / NO

(I.e., heart, hearing or seeing problems, high blood pressure)

If there is a problem, be specific about what it is, which parent and include any information you consider valuable (i.e., the name of the family physician, clergyman).

D. Children

NAME

AGE

SCHOOL

GRADE

1. Are children bused to school? YES / NO

(Give bus numbers): _____

2. Are children in a car pool? YES / NO

Names and phone numbers of people in car-pool.

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3. Names of children (if out of area), school, address and phone.

NAME	AGE	SCHOOL	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Children's babysitter(s) (daily or frequent sitters):

NAME	ADDRESS	PHONE	HOURS
_____	_____	_____	_____
_____	_____	_____	_____

5. List any special medical conditions of the children that those providing assistance should be aware of (i.e., allergies, allergy shots, insulin therapy, physical therapy):

6. Do you wish to have temporarily care of dependents? YES/NO

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

7. If both you and your spouse should be in an accident while your children are in the care of another, are there any immediate wishes for their care?

YES / NO

a. Would you want your children to remain with the babysitter or would you prefer to have a friend called to stay with them until a relative arrives?

b. Any important information that should be known (i.e., a favorite toy, favorite foods)?

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E. Additional Pertinent Information

1. In case of death of both husband and wife or single Servicemember:
a. Location of Will and Testament (be specific):

2. If personal effects are located other than in a personal residence, list effects and location.

3. Who has access/key to your home?

4. Pets? YES / NO

a. Type and name: _____

b. Location _____

c. Feeding habits _____

d. Boarding instructions _____

e. Veterinarian _____

5. Cars (give make, color, year, state license number, and storage location if applicable):

If you (spouse) plan any extended trips away from home, while the servicemember is away from the local area it will be to your advantage to ensure that the CO's or XO's wife has the following information:

Departure/return dates, mode of travel/flight number, license plates/description of your car/route, address/phone numbers of potential visits/duration, who has key to home/access?