

WORKSHEET

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D.		2. SHIP OR STATION		3. INITIAL <input type="checkbox"/>	4. CHANGE <input type="checkbox"/>		
5. NAME OF SPOUSE			6. DATE OF BIRTH OF SPOUSE	7. RELATIONSHIP			
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTY)			9. DATE MARRIED	10. CITIZENSHIP OF SPOUSE			
11. ADDRESS OF SPOUSE					12. DEP		
13. NAME OF CHILD OR DEPENDENT		14. DATE OF BIRTH		15. RELATIONSHIP			
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					17. DEP		
18. NAME OF CHILD OR DEPENDENT		19. DATE OF BIRTH		20. RELATIONSHIP			
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					22. DEP		
23. NAME OF CHILD OR DEPENDENT		24. DATE OF BIRTH		25. RELATIONSHIP			
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					27. DEP		
28. NAME OF CHILD OR DEPENDENT		29. DATE OF BIRTH		30. RELATIONSHIP			
31. ADDRESS (INCLUDE NAME OF CUSTODIAN OF OTHER THAN CLAIMANT)					32. DEP		
33. NAME OF FATHER							
34. ADDRESS OF FATHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)					35. DEP		
36. NAME OF MOTHER							
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 38)					38. DEP		
39. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		40. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		41. DATE	42. PLACE (CITY & STATE OR COUNTRY)		
43. WERE SPOUSE PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		44. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		45. DATE	46. PLACE (CITY & STATE OR COUNTRY)		
47. OTHER		48. ADDRESS			49. RELATIONSHIP		
50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)		51. ADDRESS			52. RELATIONSHIP		
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCES		58. ADDRESS			55. RELATIONSHIP	56. %	
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION		61. ADDRESS			59. %		
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)		65. ADDRESS			62. RELATIONSHIP	63. %	
64. LIFE INSURANCE DATA (NAME OF CO) (DO NOT INCLUDE SGLI)		65. ADDRESS			66. POLICY NUMBER		
67. RELIGION		68. TOTAL NO DEPENDENTS THIS PAGE	69. EFFECTIVE DATE	70. RANK/RATE		71. PAGE	72. OF PAGES
73. NAME OF APPLICANT/DESIGNATOR (LAST, FIRST, MIDDLE)				74. SSN		75. USN <input type="checkbox"/>	76. USNR <input type="checkbox"/>

**NAVPERS 1070/603W (Rev. 7-72) (BACK)**

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS

78. REMARKS

Is beneficiary designation of S.G.L.I. on file?

YES

NO

DATE (If Yes)

**NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOV'T LIFE INSURANCE.**

78. SIGNATURE OF DESIGNATOR

80. SIGNATURE OF APPROVING OFFICER, TITLE, AND DATE

CERTIFICATION OF DESIGNATOR

**I have reviewed the data entered on this form and certify that it is correct.  
Execute a new NAVPERS 1070/602 if data is not correct.**

DATE	SIGNATURE OF DESIGNATOR	DATE	SIGNATURE OF DESIGNATOR