U.S. DOD Form dod-navso-5724-1

FLEET HOME TOWN NEWS RELEASE

1. Instructions on reverse.
2. Print in ink or type.
3. For additional remarks use Block 17.

PRIVACY ACT STATEMENT - AUTHORITY: 5 U.S.C. 301, and 14 U.S.C. 93f and 10 U.S.C. 8012 and 8034, and EO 9397. PRINCIPAL PURPOSE: To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of sea service members. SSN is used for casualty identification and will not be released. ROUTINE USES: Information may be disclosed to civilian news media representatives. Once published, information is considered "Public Domain." DISCLOSURE IS VOLUNTARY: Failure to provide the information may mean little or no public news release material can be produced, thus denying the individual public recognition for personal achievement.

1. I certify this information is correct. I have no objection to its publication. Forms not signed will not be processed and will be returned. Print your First Name, MI, Last Name, and SSN. You must sign and date your form.

First Name: _____ MI: _____ , Last Name: _____ , SSN: ___ - ___ - ____

Signature: _____ , Date Signed: (DD) (MM) (YYYY)

2. Rank

3. Date Reported (MM) (YYYY)

4. PRD (MM) (YYYY)

5. Command Mailing Address:

TYPE YOUR COMMAND'S MAILING ADDRESS OR PLACE COMMAND'S MAILING LABEL IN THE BLOCK ABOVE

6. Command Releasing Authority (Normally Completed By Command PAO)

Print Name: _____

Signature: _____

Duty Phone: _____ Hold File: Yes ___ No ___

Homeport/Command Location: _____

If Unit Is Embarked Tell Where: _____

7. Unit Code
USN - UIC | USMC - RUC - MCC | USCG - OPFAC

8. Branch of Service (Check One)
USN ___ USMC ___ USCG ___
USA ___ USAF ___ CIV. ___

9. Duty Status (Check One)
ACTIVE ___ RESERVE ___

10. Date Entered Service (MM/YYYY)

11. Sex (Check One)
MALE ___ FEMALE ___

12. Are You Currently Married? (Check One)
YES ___ NO ___

13. Spouse's First Name (If Married)

14. Name and Address of College or University If Degree Was Received; Must Include City and State. | Type of Degree | Year Graduated | FHTNC Use Only

15. Name and Address of College or University If Degree Was Received; Must Include City and State. | Type of Degree | Year Graduated | FHTNC Use Only

16. Duty You Are Assigned/Job Title. (If Designated a Plane Captain, Crew Chief, etc., List Type of Aircraft.)

17. Event: Check the Appropriate Box or List Complete Details. If You Received a Medal or Award, Attach Copy of Citation.

Date of Event: (MM/DD/YYYY)

- ☐ Reported for duty
- ☐ Promoted to the Above Rank
- ☐ Meritoriously Promoted
- ☐ Medal/Award...Attach Copy
- ☐ Retired: _____ # of Years
- ☐ Reenlisted: _____ # of Years
- ☐ Good Conduct Medal
- ☐ Military School Graduation (List School and Course Name)
- ☐ Deployment -- Explain Below
- ☐ Other -- Explain Below

Explanation: (Attach Extra Page If Necessary.)

YOUR LIVING PARENTS OR GUARDIANS, OR OTHER RELATIVES: SHOW RELATIONSHIP. IF MILITARY INCLUDE RANK/SERVICE.

18. Your Father's First, MI, and Last Name | Address (Number and Street) | City | State | ZIP Code

19. Your Mother's First, MI, and Last Name | Address (Number and Street) (If Same as Above, Please Mark Box on Right) ☐ | City | State | ZIP Code

20. Your Grandfather's, Father-in-Law's, or Other Relative's First Name, MI, and Last Name (Write Relationship) | Address (Number and Street) | City | State | ZIP Code
Relationship

21. Your Grandmother's, Mother-in-Law's, or Other Relative's First Name, MI, and Last Name (Write Relationship) | Address (Number and Street) (If Same as Above, Please Mark Box on Right) ☐ | City | State | ZIP Code
Relationship

22. Name of High School You Graduated From | Year Graduated | City | State | ZIP Code

RESERVISTS - SEE INSTRUCTIONS ON REVERSE OF FORM. (ADDITIONAL INFORMATION IS REQUIRED.)