DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D.	2. SHIP OR STATION		3. 4.

5. NAME OF SPOUSE	6. DATE OF BIRTH OF SPOUSE	7. RELATIONSHIP

8. PLACE OF MARRIAGE (CITY & STATE OR COUNTRY)	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 OTHE RTHAN CLAIMANT)	17. DEP

18. NAME OF CHILD OR DEPENDENT	19. DATE OF BIRTH	20. RELATIONSHIP

21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHE RTHAN CLAIMANT)	22. DEP

23. NAME OF CHILD OR DEPENDENT	24. DATE OF BIRTH	25. RELATIONSHIP

26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHE RTHAN CLAIMANT)	27. DEP

28. NAME OF CHILD OR DEPENDENT	28. DATE OF BIRTH	29. RELATIONSHIP

30. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHE RTHAN CLAIMANT)	31. DEP

	33. NAME OF FATHER

34. ADDRESS (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETINGBLOCK 35)	35. DEP

36. NAME OF MOTHER

37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)	38. DEP

39. WERE YOU PRVIOUSLY MARRIED? ☐YES ☐ NO	40. PRIOR MARRIAGE DISSOLVED BY ☐DEATH ☐ANNULMENT ☐DIVORCCE	41. DATE	42. PLACE (CITY &STATE OR COUNTRY)
43. WAS SPOUSE PRVIOUSLY MARRIED? ☐YES ☐ NO	44. PRIOR MARRIAGE DISSOLVED BY ☐DEATH ☐ANNULMENT ☐DIVORCCE	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. BENEFCIARY(S) FOR UNPAID PAY AND ALLOWANCES	54. ADDRESS	55.RELATIONSHIP	56. %
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION	58. ADDRESS		59. %
60. BENEFCIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)	61. ADDRESS	62.RELATIONSHIP	63. %
64. LIFE INSURANCE DATA (NAME OF CO)(DO NOT INCLUDE SGLI)	65. ADDRESS	66. POLICY NUMBER	

67. RELIGION	68.	69.	70. RANK / RATE	71. PAGE 1	72. OF PAGES 1

73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)	74. SSN	75. USN ☐	76. USNR ☒

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS

78. REMARKS

	DATE (If Yes)
Is beneficiary designation of S.G.L.I on file? ☐ YES ☐ NO	

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

79. 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