

RECORD OF EMERGENCY DATA NAVPERS 1070/602R PART I

SSN: NAME: USN OR USNR:
RANK/RATE: RUIC : 2525C SHIP OR STATION: NRSE CHAPLAIN SCHOOL

TOTAL NUMBER OF DEPENDENTS:

NAME OF SPOUSE:
SPOUSE DATE OF BIRTH: SPOUSE RELATIONSHIP:
IS SPOUSE DEPENDENT: SPOUSE CITIZENSHIP:
DATE OF MARRIAGE: PLACE OF MARRIAGE:
ADDRESS OF SPOUSE:
IS SPOUSE ACTIVE MEMBER OF UNIFORMED SERVICES: NA BRANCH:

WAS SPOUSE PREVIOUSLY MARRIED: NO
PRIOR MARRIAGE DISSOLVED BY: NA
DATE PRIOR MARRIAGE DISSOLVED: NA
PLACE PRIOR MARRIAGE DISSOLVED: NA

WAS MEMBER PREVIOUSLY MARRIED: NO
PRIOR MARRIAGE DISSOLVED BY: NA
DATE PRIOR MARRIAGE DISSOLVED: NA
PLACE PRIOR MARRIAGE DISSOLVED: NA

CHILD AND/OR DEPENDENT
NAME:
IS PERSON DEPENDENT:
RELATIONSHIP:
DATE OF BIRTH:
ADDRESS:
GUARDIAN OF DEPENDENT OTHER THAN CLAIMANT: NA

CHILD AND/OR DEPENDENT
NAME:
IS PERSON DEPENDENT:
RELATIONSHIP:
DATE OF BIRTH:
ADDRESS:
GUARDIAN OF DEPENDENT OTHER THAN CLAIMANT: NA

NAME OF FATHER:
IS FATHER DEPENDENT:
ADDRESS OF FATHER:

NAME OF MOTHER:
IS MOTHER DEPENDENT:
ADDRESS OF MOTHER:

OTHER PERSON, NOT ALREADY NAMED, TO BE NOTIFIED OF PERSONAL CASUALTY
NAME: NONE
RELATIONSHIP: NA
ADDRESS: NA

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NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)

NAME:
RELATIONSHIP:
ADDRESS:

BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES:

NAME:
RELATIONSHIP:
ADDRESS:
PERCENTAGE:

PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS, SUBJECT TO SECNAV DETERMINATION

NAME:
ADDRESS:
PERCENTAGE:

BENEFICIARIES FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)

NAME:
RELATIONSHIP:
ADDRESS:
PERCENTAGE:

LIFE INSURANCE DATA (NOT INCLUDING NSLI OR SGLI)

NAME OF COMPANY: NONE
ADDRESS: NA
POLICY NUMBER: NA

LOCATION OF WILL OR OTHER VALUABLE PAPERS: NA

RELIGION:
REMARKS:

CERTIFICATION: I HAVE REVIEWED THE DATA ON THIS FORM AND CERTIFY THAT IT IS CORRECT.

SIGNATURE OF DESIGNATOR

K. J. HAHN, YN1, USNR(TAR)

DATE

CERTIFICATION OF DESIGNATOR - I HAVE REVIEWED THE DATA 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

_____/_____
_____/_____

_____/_____
_____/_____

RECORD OF EMERGENCY DATA NAVPERS 1070/602R PART II

Instructions

- When completing your page two, be sure to include **First Middle Last and Maiden names**.
- **Other Person to be Notified** this is if you want someone else notified of your death other than your spouse or parents.
- **Next of Kin of Spouse** is the NOK of your spouse. Her mother or father.
- **Gratuity (no spouse of child surviving)** this can not be your spouse or any of your children
- All blocks need to be completed. If you don't know where a parents lives indicate with UNK. If parent is deceased, provide name and indicate deceased in address line.
- Sign in Signature of Designator Block.