

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA
(NAVPERS 1070/602)

1. Completed by Unit
2. Completed by Unit
3. Completed by Unit
4. Completed by Unit
5. through 31. Fill in applicable boxes between and including box 5 and box 31. These will apply to you only if you are married and/or have children or dependents.
33. Full name of Father.
34. Enter your father's full address.
35. Do you claim your father as a dependent? Yes or No.
36. Full name of Mother.
37. Enter your mother's full address.
38. Does your mother claim you as a dependent? Yes or No.

41. Check the appropriate box.
42. If applicable.
43. If applicable.
44. If applicable.
45. If applicable.
46. If applicable.
47. If applicable/desired. For naming an individual not related to you (e.g. fiancé)
48. If applicable/desired. Address if individual named in "other"
49. If applicable/desired. Relationship of individual named in "other"
50. If applicable.
51. If applicable. Address of spouse's next of kin
52. If applicable. Enter the relationship of spouse's next of kin to your spouse.
53. Enter the full name of the person you would like to receive your unpaid pay and allowances in the case of death.
54. Address of beneficiary from box 53.
55. Enter the relationship of beneficiary from box 53 to you.
56. Enter the percentage of your unpaid pay and allowances that you would like the beneficiary in box 53 to receive.
57. Enter the full name of the person you would like to receive the allotment if in a missing status.
58. Address of beneficiary from box 57.
59. Enter the percentage of your unpaid pay and allowances that you would like the beneficiary in box 57 to receive.
60. Enter the full name of the person you would like to receive your gratuity pay if no child or spouse is surviving.
61. Address of beneficiary from box 60.
62. The relationship of beneficiary from box 60 to you.
63. Enter the percentage of your unpaid pay and allowances that you would like the beneficiary in box 60 to receive.
64. Enter Life Insurance Name if applicable

65. Address of Life Insurance Company.
66. Enter policy number of Life Insurance.
67. Enter your religion if applicable.
68. Do not enter information in this box.
69. Do not enter information in this box.
70. Enter MIDN for Midshipman
71. Do not enter information in this box.
72. Do not enter information in this box.
73. Enter your full name (last, first, middle).
74. Enter your Social Security Number
75. Leave this area blank.
76. Place an 'X' under USNR
77. Please indicate the location of your will or other valuable papers if applicable.
78. Leave this area blank.

DO NOT sign

Leave this area blank.