

# RECORD OF EMERGENCY DATA WORKSHEET

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(For use of this form, see USMEPCOM Reg 601-23)

## FOR OFFICIAL USE ONLY

**NOTE: Before completing this form, read the Privacy Act Agreement on reverse.**

PLEASE PRINT ENTRIES - ALL ADDRESSES SHOULD INCLUDE ZIP CODE

1. NAME (Last, First, Middle, Jr., Sr., etc.)

2. SOCIAL SECURITY ACCOUNT NUMBER

Item 4. SPOUSE (First Name, Middle Initial, and Maiden Name (if any), and Address) if single, divorced or widowed, so state.

Item 5. CHILDREN (First Name, Middle Initial, Last Name, if different from your name), Relationship, Date of Birth, and Address (if different than shown in item 3) if none, so state.

Item 6. FATHER (First Name, Middle Initial, Last Name, and Address) If unknown or deceased, so state. Include civilian title or military grade, if applicable. If other than natural father is listed, indicate relationship.

Item 7. MOTHER (First Name, Middle Initial, Maiden Name, if applicable, Last Name, and Address) If unknown or deceased, so state. Include civilian title or military grade, if applicable. If other than natural mother is listed, indicate relationship.

Item 9. BENEFICIARY(IES) FOR DEATH GRATUITY IF NO SURVIVING SPOUSE OR CHILD (First Name, Middle Initial, Last Name, Relationship, and Address) Show percentage to be paid to each person if more than one beneficiary is designated. Only parents and brothers and sisters may be designated.

Item 10. BENEFICIARY(IES) FOR UNPAID PAY AND ALLOWANCES (First Name, Middle Initial, Last Name, and Address) Show percentage to be paid to each person if more than one beneficiary is designated.

Item 13. CONTINUATION/REMARKS (If you have used a rural route number or post office box for an address, write directions for reaching the place of residence here.)

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

## 1. AUTHORITY

10 USC 1475 to 1480 and 2771, 38 USC 770, and 44 USC 3101

## 2. PRINCIPAL PURPOSE(S)

To provide information necessary for preparation of the DD Form 93 (Record of Emergency Data). The DD Form 93, when completed, becomes an official and legal document by which you have designated certain beneficiaries for certain benefits in the event of your death. It also provides the names and addresses of the person(s) you desire to be notified in the case of emergency or death. The data are FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal laws and regulations. This worksheet is destroyed upon completion of the DD Form 93.

## 3. ROUTINE USES

The DD Form 93 is used by casualty offices to provide your next of kin with notification of your injury, illness, or death. Data listed on the form provides these offices with names and addresses of your spouse, children, parents, or other persons who are to be notified of your status. In completing the form, you designate the person(s) to receive any unpaid pay and allowances and death gratuity as provided by the military services. The information also shows those persons you do not desire to be notified in the event of emergency or death. It also may be used to provide information about your will, insurance policies, and other personal data that may be used in settling your personal affairs in the event of your death.

## 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF INDIVIDUAL NOT PROVIDING INFORMATION

Disclosure of your SSN is mandatory as you are identified by it in all of your official records. These records include personnel and finance records that are required in settling your accounts and ensuring that your survivors receive all benefits they are entitled to in the event of your death. Failure to provide requested information may delay notification of the payment of death benefits to your next of kin should you become a casualty.