|  |
| --- |
| **OCS INDOCTRINATION FOLDER SUMMARY** |
| **DD 93 SUMMARY** |
| SPOUSE NAME (LAST, FIRST, M.I.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SINGLE \_ DIVORCED \_ WIDOWED \_\_\_ | SPOUSE’S ADDRESS (INCLUDE ZIP) AND PHONE NUMBER): |
| CHILDREN  |
| NAME (LAST, FIRST, M.I.) | RELATIONSHIP | SSN | D.O.B. (YYYYMMDD) | ADDRESS (INCLUDEZIP CODE) AND PHONE NUMBER |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| FATHER NAME (LAST, FIRST, M.I.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ADDRESS (INCLUDE ZIP) AND PHONE NUMBER: |
| MOTHER NAME (LAST, FIRST, M.I.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ADDRESS (INCLUDE ZIP) AND PHONE NUMBER: |
| DO NOT NOTIFY DUE TO ILL HEALTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NOTIFY INSTEAD: |
| DESIGNATED PERSON(S) (MILITARY ONLY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ADDRESS (INCLUDE ZIP) AND PHONE NUMBER: |
| CONTRACTING AGENCY AND PHONE NUMBER (CONTRACTOR ONLY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BENEFICIARY(IES) FOR DEATH GRATUITY (MIL ONLY) | RELATIONSHIP | ADDRESS (INCLUDE ZIP) AND PHONE NUMBER | PERCENTAGE |
| BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (MIL ONLY), NAME AND RELATIONSHIP | ADDRESS (INCLUDE ZIP) AND PHONE NUMBER | PERCENTAGE |
| PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) (MIL ONLY), NAME AND RELATIONSHIP | ADDRESS (INCLUDE ZIP) AND PHONE NUMBER | PERCENTAGE |
| IF MARRIED TO ANOTHER MILITARY MEMBER, PLEASE PROVIDE SPOUSES’:NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAY GRADE: \_\_\_\_\_MILITARY SPOUSE INFORMATION CONTINUED:DOD ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUTY STATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| PNOK (PRIMARY NEXT OF KIN) |
| NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CONTACT INFO (ADDRESS WITH ZIP AND PHONE NUMBER) |
| SNOK (SECONDARY NEXT OF KIN) |
| NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CONTACT INFO (ADDRESS WITH ZIP AND PHONE NUMBER) |
| SPOUSES’ NEXT OF KIN |
| NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB (YYYYMMDD) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CONTACT INFO (ADDRESS WITH ZIP AND PHONE NUMBER) |
| **DD 2058 SUMMARY** |
| LEGAL RESIDENCE (CITY OR COUNTY AND STATE) |
| **REPORT OF HOME OF RECORD AND PLACE FROM WHICH ORDERED TO ACTIVE DUTY SUMMARY** |
| HOME OF RECORD (COMPLETE ADDRESS) | PLACE FROM WHICH ORDERED TO ACTIVE DUTY (COMPLETE ADDRESS) |
| DATE OF ENTRY ON ACTIVE DUTY: |
| **BAH/DEERS CERTIFICATION SUMMARY** |
| DATE OF PHYSICAL POSSESSION TAKEN OF ABOVE RESIDENCE (CHECK-IN DATE):  |
| IF GEOGRAPHICAL BACHELOR, PLEASE INCLUDE **FULL** DEPENDENTS’ ADDRESS: |
| **DD 1351-2 SUMMARY (TRAVEL VOUCHER OR SUBVOUCHER)** |
| TRAVEL ITINERARY INCLUDING DATES, LOCATION(S) OF DEPARTURE (CITY AND STATE) AND LOCATION(S) OF ARRIVAL (CITY AND STATE) INCLUDE RECEIPTS OF MAJOR EXPENSES (LODGING, ETC.) |
| **NPPSC TRAVEL EFT INFORMATION FORM** |
| BANKING INFORMATION |
| BANK NAME: | ROUTING NUMBER: | ACCOUNT NUMBER: | CHECKING \_\_\_\_SAVINGS \_\_\_\_ |
| **DD 214 SUMMARY** |
| LIST ALL AWARDS:  | PERMANENT ADDRESS UPON SEPARATION (FULL ADDRESS) |
| **ADDITIONAL INFORMATION** |
| **PERSONAL CONTACTS (INCLUDE NAME, PHONE NUMBER AND FULL ADDRESS)** |
| **FINANCIAL CONTACTS (INCLUDING ANY ACCOUNT NUMBERS, ROUTING NUMBERS, USERNAMES, PASSWORDS, ETC.):** |
| **ALLERGY INFORMATION:** |

|  |
| --- |
| **RECRUITER INFORMATION (EMAIL, PHONE NUMBER, AND OFFICE ADDRESS):** |
| **MISCELLANEOUS CONTACTS (INCLUDE NAME, PHONE NUMBER AND FULL ADDRESS IF APPLICABLE):** |