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| **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 | | | |
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| 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:** | | | | | | | | | | |

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