

USSVICB RECORD OF EMERGENCY DATA

EMERGENCY INFORMATION	Date Completed:
Name: <i>(Last, First, MI, Nickname)</i>	Military retired: <i>(please check one)</i>
	<input type="checkbox"/> YES - year _____ <input type="checkbox"/> NO
	Rank/Rate upon leaving the Navy:
Date of Birth:	Highest Rank/Rate Obtained:
Religion:	Service Dates:
Date of Marriage: <i>(if married)</i>	From: _____ To: _____
Spouse (Next of Kin) Name:	
<i>(if other than spouse please indicate relationship)</i>	
Children - Name <i>(Last, First)</i>	Grand Children - Name <i>(Last, First)</i>
1-	1-
2-	2-
3-	3-
4-	4-
5-	5-
Subs/Ships/Shore Stations Served on: <i>(name/hull/dates onboard)</i>	
1-	6-
2-	7-
3-	8-
4-	9-
5-	10-
Date Joined USSVI <i>(National):</i>	Date Joined USSVICB:
Life Member USSVI? YES NO	Life Member USSVICB? YES NO
HOLLAND Club? YES NO	
Offices in USSVI:	
Any other interesting or pertinent information: <i>(hobbies, other Fraternal organizations, etc.)</i>	
CHAPLAIN USE ONLY <i>(if you have preplanned your funeral please indicate your funeral home)</i>	
Funeral Home:	
Address:	
Phone #:	
Date of Death:	Date of Funeral:
Funeral Location / Time:	
Chaplain Notes:	