EMERGENCY INFORMATION FORM PAGE 2	**Date Completed:**
Name: *(Last, First, MI, Nickname)*	**Military Retired:** *(please check one)* **NO _____ YES _____ (if YES, what year? _____**
	Rank/Rate upon leaving the Navy:
Date of Birth:	**Highest Rank/Rate Obtained:**
Religion:	**Service Dates:**
Date of Marriage: *(if married)*	From: _____ To: _____
Spouse *(next of kin)* Name: *(if other than spouse please indicate relationship)*	
Children – name *(Last, First)* 1- 2- 3- 4- 5-	**Grand Children – name** *(Last, First)* 1- 2- 3- 4- 5-
Subs/Ships/Shore Stations Served on (name/hull/dates onboard) 1- 2- 3- 4- 5- 6-	 7- 8- 9- 10- 11- 12-
Date Joined USSVI (National):	**Date Joined USSVICB:**
Life Member USSVI: YES NO	**Life Member USSVICB:** YES NO
HOLLAND Club: YES NO	
Offices in USSVI/CB:	
Any other interesting or pertinent information: *(hobbies, other Fraternal organizations, etc.)*	
CHAPLAIN USE ONLY *(if you have preplanned your funeral please indicate your funeral home information)*	
Funeral Home: **Address:** **Phone #:** **Fax #:** **Email Address:**	
Date of Death: **Date of Funeral:** **Funeral Location/Time:**	
Chaplain Notes:	