

USSVICB RECORD OF EMERGENCY DATA

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|--|---|
| 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> | |
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| 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: | |
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