

**USSVICB RECORD OF EMERGENCY DATA**

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