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USSVICB RECORD OF EMERGENCY DATA

EMERGENCY INFORMATION	Date Completed:
Name: (Last, First, MI, Nickname)	Military retired: (please check one)
	□ YES - year □ NO
	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)	Grand Children - Name (Last, First)
1-	1-
2-	2-
3-	3-
4-	4-
5-	5-
Subs/Ships/Shore Stations Served on: (name/h	ull/dates onboard)
1-	6-
2-	7-
3-	8-
4-	9-
5-	10-
Date Joined USSVI (National):	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	: (hobbies, other Fraternal organizations, etc.)
CHAPLAIN USE ONLY (if you have preplanned your a	funeral please indicate your funeral home)
Funeral Home:	
Address:	
Phone #:	
Date of Death:	Date of Funeral:
Funeral Location / Time:	
Chaplain Notes:	
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