

## 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>	