

USSVICB RECORD OF EMERGENCY DATA

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>					
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:					