



MEDDAC - Single Soldier Information Sheet (Please print clearly)



Soldier's Full Name: _____ Rank/Grade: _____

Cell phone number: _____ Duty Phone: _____ DOB: _____

Best email to contact you: _____

Duty Section: _____ Circle location: WINN HAWKS TUTTLE

Last four of your Social Security number: _____

Circle if you are: Active Duty – Reserve – Student – DA Civilian

PNOK- Primary Next of Kin

SNOK – Secondary Next of Kin

PNOK - Family Members Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Can we contact at work: Yes No

Time Zone: _____ Best time to reach: _____

Email address: _____

Does this family member speak English? Yes No If no – what language do they speak? _____

SNOK - Family Members Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Can we contact at work: Yes No

Time Zone: _____ Best time to reach: _____

Email address: _____

Does this family member speak English? Yes No If no – what language do they speak? _____



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Do you have children? Yes No

Children:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Please list the Caregiver information if different from PNOK/SNOK?

Name and relationship: _____

Address: _____

Telephone: _____ Email: _____

Does this person speak English? Yes No If no, what language? _____

Are you new to the military? Yes No

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: US CODE, TITLE X, SECTION 3010, 5 US CODE 522a

PRINCIPAL PURPOSE: To identify Family Members of Single Soldiers who may request information.

ROUTINE USE: Home addresses, phone numbers and email addresses are used to provide information concerning the Soldier.

DISCLOSURE: Disclosure is voluntary – however if a call comes in and a person is not listed – they will NOT receive ANY information.

Signature: _____ Date: _____