| NAV   | DEPENDENCY APPLICATION (1751)<br>NAVMC 10922 (REV. 4-01) (EF)<br>(Supersedes all previous editions which are obsolete |  |                         |                     |                                     | (REV. 4-01) (EF) WHERE ADDITIONAL SPACE IS<br>revious editions which are obsolete NECESSARY TO COMPLETE ITEMS, |         |                     |                      |              | REASON FOR THIS APPLICATION<br>(CHECK ONE)<br>CHANGE IN DEPENDENTS |  |  |          |  |  |  |
|---|---|--|-------------------------|---------------------|-------------------------------------|--|---------|---------------------|----------------------|--------------|--|--|--|----------|--|--|--|
| and   | will not  | be used)   |                         | DATE OF APPLICATION |                                     |  |         | ST                  | art C                |              | (Check one)<br>HANGE IN DEPEN<br>LOSS (EXPLAIN                     | CERTIFICATION SECTION  |  |          |  |  |  |
|   | NAME  | OF MARIN   | E (Last, first, middle) | SS                  | GN                                  |  |         | GRADE               | T                    | /PE O        |  |  |  |          |  |  |  |
| SECTION 1.  | ORGA  | NIZATION   | AND STATION PREPAR      | PPLICATION UNIT RUG |                                     |  | С       | OR D                | ATE R                | URRENT ENLIS | IRRENT ENLISTMENT/APPOINTMEN                                       |  |  |          |  |  |  |
|   | FUTUR   | E ADDRES   | S AND ETA IF TRANSF     | ER IS ANTIC         | CIPATED WITHIN 60 DAYS ECC          |  |         |                     |                      |              |  |  | ST DISCHARGE OR DATE OF LAST<br>INACTIVE DUTY  |          |  |  |  |
| NO  | NO.   | NO. NAME OF DEPENDENT<br>(Include full given name) |                         |                     |                                     | (if ch   |         |                     | nild, indicate step, |              |  | DATE OF<br>BIRTH<br>Day, Mo., Year)<br>DATE ALLOV<br>CLAIMED FF<br>previously ap<br>give date of a |  | pproved, |  |  |  |
| RMAT  | 1   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
| DEPENDENT INFORMATION   | 2   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
| ENDEN   | 3   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
|   | 4   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
| SECTION 2   | 5   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
| SE  | 6   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
|   | Furnis  | sh the follo                                       | wing information con    | y dependent nam     | ned above                           | e.   |         |                     |                      |              |  |  |  |          |  |  |  |
| SECTION 3   | DEP<br>NO   |  |                         |                     | I RELATIONSHIP T<br>DEPENDENT       |  |         | 0                   | ADDRESS AND ZIP CODE |              |  |  |  |          |  |  |  |
| 0   |   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
|   |   | INFORMATION CONCERNING PRES                        |                         |                     |                                     | MA   |         |                     |                      |              |  | PREVIOUSL  | HAS PRESENT SPOUSE BEEN<br>PREVIOUSLY MARRIED? |          |  |  |  |
| SE ANI  | DAT   | E PLAC   | CE (County and State)   | FULL                | GIVEN NAME OF SPOUSE NO IF EITHER A |  |         |                     |                      |              |  |  |  |          |  |  |  |
| SRNIT)  |   |  | ONCERNING DISSOLU       | TION OF EAG         | CH FORMER MARRIAGE OF BOTH YOURSE   |  |         |                     | AND/OR S             | SPOUSI       | E (Cor   | ntinue on separa   |  |          |  |  |  |
| T/PATE  | FORMER<br>MARRIAGE OF NAME OF THE SPOU  |  |                         |                     |                                     |  |         |                     | solution<br>d State) |              |  | REA  | REASON (Check one)                             |          |  |  |  |
| E MEMBER AND SPOUS<br>SUPPORT/PATERNITY                         | YOUR  | - SPOUSE   |                         |                     |                                     |  | (00)    |                     |                      |              |  | DEATH  | ANNULMENT                                      | DIVORCE  |  |  |  |
| OF SERVICE MEMBER AND SPOUSE AND<br>REGARDING SUPPORT/PATERNITY |   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
|   |   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
| SECTION 4 MARITAL<br>INFORMATION I                              |   |  |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
| on 4 m<br>Inform  | IS THE  |  | RT ORDER OR WRITTE      | N AGREEME           | I<br>NT IN EFFE                     | CT RELATIVE TO S   | SUPPORT | Γ/MAIN <sup>-</sup> | TENANCE              | /PATER       | NITY   | ?  | <u> </u>                                       | <u> </u> |  |  |  |
| ECTIO   |   | NO   |                         |                     |                                     |  |         |                     |                      |              |  |  |  |          |  |  |  |
| S   |   | YES  | IF YES, STATE DATE A    | ND PLACE (d         | county and st                       | ate) WHERE SUCH  | HORDER/ | AGREE               | EMENT WA             | AS ISSL      | JED A  | ND ATTACH A (  | COPY.  |          |  |  |  |

ORIGINAL

| NA\  | DEPENDENCY APPLICATION (1751)<br>NAVMC 10922 (REV. 5-95) (EF)<br>Supersedes all previous editions which are<br>obsolete and will not be used) |                              |   |              |                                     | 1) INSTRUCTIONS<br>WHERE ADDITIONAL SPACE IS NECESSARY TO<br>COMPLETE ITEMS, USE SEPARATE SHEET |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
|--|---|------------------------------|---|--------------|-------------------------------------|---|----------------|------------------------------|--|----------------|-------|--|--------|--|--|-----------------------------------|-------------------|-------|--|
|  |   |                              |   |              |                                     | DATE OF APPLICATION   |                |                              |  | (Che<br>CHANGE |       |  |        |  | IN DEPENDENTS<br>Check one)<br>JGE IN DEPENDENTS<br>DSS (EXPLAIN IN<br>TETERATION OF STION |                                   |                   | GAIN  |  |
|  | NAME C  | ast, first, middle)          | SSN                                     |              |                                     | GRADE TYPE OF S   |                |                              | F SER                                      |                |       |  |        |  |  |                                   |                   |       |  |
| SECTION 1<br>IDENTIFICATION  | ORGANIZATION AND STATION PREPARING THIS APPLICATION   |                              |   |              |                                     | ATION UNIT RUC  |                |                              | C DATE OF CURRENT EN                       |                |       |  |        | IT ENLISTMENT/APPOINTMENT OR<br>FOR ACTIVE DUTY (WHICHEVER IS  |  |                                   |                   |       |  |
| IDEN   | FUTURE  | ADDRESS AN                   | ID ETA IF TRANSFER IS A                 | NTICIPATED V | TED WITHIN 60 DAYS                  |   |                | E                            | ECC DATE OF LA<br>TO INACTIV               |                |       | ST DISCHARGE OR DATE OF LAST RELEASE<br>E DUTY |        |  |  | EASE                              |                   |       |  |
|  | NO.   |                              | 1E OF DEPENDENT<br>Ide full given name) |              |                                     |   |                | (if child,                   | Id indicate sten adopted                   |                |       |  |        | DATE OF BIRTH<br>(Day, Mo., Year) DATE ALLOWAN(<br>CLAIMED FROM (<br>previously approved,<br>date of approval) |  | NCE<br>/I (If<br>:d, give<br>/al) |                   |       |  |
| MATION   | 1   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| DEPENDENT INFORMATION  | 2   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| -<br>-   | 3   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| N  | 4   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| SECTION  | 5   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
|  | 6   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| rodian<br>DN   | Furnish the following information concerning custodian of any dependent named above.  |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| SECTION 3 CUSTODIAN<br>INFORMATION   | DEP<br>NO   |                              |   |              | RELATIONSHIP TO DEPEN               |   |                | PENDENT ADDRESS AND ZIP CODE |  |                |       |  |        |  |  |                                   |                   |       |  |
|  |   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| BARDING  | INFORMATION CONCERNING PRESE  |                              |   |              | INT MARRIAGE                        |   |                |                              |  |                |       |  |        |  |  |                                   | NO OF             |       |  |
| ION REC  | DATE  | E PLAC                       | CE (County and State)                   | FUL          | ULL GIVEN NAME OF SPOUSE            |   |                |                              |  |                |       |  |        |  | TIMES  |                                   |                   |       |  |
| ORMAT  |   |                              | ERNING DISSOLUTION OF                   | EACH FORME   | IER MARRIAGE OF BOTH YOURSELF AND/C |   |                | ND/OR S                      | DR SPOUSE (Continue on separate sheet if   |                |       |  |        | if nece  | if necessary)  |                                   |                   |       |  |
|  | MARF  | RMER<br>RIAGE OF<br>eck one) | NAME OF THE SPO<br>THE DISSOLVED M      |              | DATE O<br>DISSOLU                   |   |                |                              | Place of dissolution<br>(County and State) |                |       |  | R      |  |  | REASON (Check                     | EASON (Check one) |       |  |
| POUSE /  | YOUR-<br>SELF   | SPOUSE                       |   |              |                                     |   |                |                              | Jounty an                                  |                |       |  |        |  | DEATH  | ANNULMEN                          | T DI              | VORCE |  |
| R AND S<br>T/PATER   |   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| MEMBE<br>SUPPOR  |   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| MARITAL OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGA<br>SUPPORT/PATERNITY |   |                              |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| TAL OF:  | IS THERE  | A COURT O                    | RDER OR WRITTEN AGRE                    | EMENT IN EFF | ECT RELATIN                         | VE TO   | SUPPORT/MAINTE | ENANCE/                      | /PATERN                                    | ITY?           |       |  |        |  |  |                                   |                   |       |  |
|  |   | NO                           |   |              |                                     |   |                |                              |  |                |       |  |        |  |  |                                   |                   |       |  |
| SECTION 4  |   | YES IF                       | YES, STATE DATE AND F                   | LACE (county | and state) W                        | HERE  | SUCH ORDER/AGF | REEMENT                      | T WAS IS                                   | SUED           | AND A | TTAC   | I A CC | PY.  |  |                                   |                   |       |  |

DUPLICATE

| NA   | DEPENDENCY APPLICATION (1751)<br>NAVMC 10922 (REV. 5-95) (EF)<br>Supersedes all previous editions which are |    |                          |                                    |                   | V. 5-95) (EF) WHERE ADDITIONAL SPACE IS NECESSARY TO |                     |                  |   |                            |   |        |                          |   |               |  |                    |         | G    |         |
|--|---|----|--------------------------|------------------------------------|-------------------|--|---------------------|------------------|---|----------------------------|---|--------|--------------------------|---|---------------|--|--------------------|---------|------|---------|
|  | osolete and will not be used)   |    |                          |                                    |                   |  | DATE OF APPLICATION |                  |   |                            |   |        |                          |   |               | GE IN DEPENDENTS<br>(Check one)<br>HANGE IN DEPENDENTS<br>LOSS (EXPLAIN IN |                    |         | GAIN |         |
|  | NAME OF MARINE (Last, first, middle)  |    |                          |                                    |                   | SSN  |                     |                  | GRADE TYPE OF :                         |                            |   | OF SE  | RTIFICAT<br>RVICE<br>SMC | FION S  | ECTION        |  | SMCR               |         |      |         |
| SECTION 1<br>IDENTIFICATION  | ORGANIZATION AND STATION PREPARING THIS APPLICATI   |    |                          |                                    |                   | TION UNIT RUC  |                     |                  |   |                            |   |        |                          |   | OR            |  |                    |         |      |         |
| SE<br>IDEN   | FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED   |    |                          |                                    | WITHIN 60 DAYS EC |  |                     | ECC              | DATE OF LAST I<br>TO INACTIVE D         |                            |   |        |                          | DISCHARGE OR DATE OF LAST RELEASE   |               |  | ELEASE             |         |      |         |
|  | NO. NAME OF DEPENDENT<br>(Include full given name)  |    |                          |                                    |                   |  |                     |                  | (if child,                              | hild indicate step adopted |   |        |                          | DATE OF BIRTH<br>Day, Mo., Year)<br>DATE OF BIRTH<br>Day, Mo., Year)<br>DATE ALLOWAN<br>CLAIMED FROM<br>previously approved<br>date of approved |               | oved, give   |                    |         |      |         |
| MATION   | 1   |    |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
| DEPENDENT INFORMATION  | 2   |    |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
| PENDEN   | 3   | 3  |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
| 2  | 4   |    |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
| SECTION  | 5   |    |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
|  | 6   |    |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
| UDIAN<br>N   | Furnish the following information concerning custodian of any dependent name                                |    |                          |                                    |                   |  | above.              |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
| SECTION 3 CUSTODIAN<br>INFORMATION   | DEP<br>NO   |    |                          |                                    |                   | RELATIONSHIP TO DEPENDEN                             |                     |                  | PENDENT                                 | NT ADDRESS AND ZIP CODE    |   |        |                          |   |               |  |                    |         |      |         |
|  |   |    |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
|  |   |    |                          | INFORMATION CONCEP                 |                   |  |                     |                  | HAV                                     |                            | OU BEEN PREVIOUSLY MARRIED? HAS PRESENT SPOUSE BI<br>PREVIOUSLY MARRIED?<br>IO YES NO OF NO YES |        |                          |   | EEN           | NO OF  |                    |         |      |         |
|  | DAT   | ΓE | PLA                      | CE (County and State)              | FUL               |  |                     |                  | IF EI                                   | TIMES                      |   |        |                          |   |               |  |                    | TIMES   |      |         |
|  |   |    |                          | ERNING DISSOLUTION OF              | EACH FORME        | IER MARRIAGE OF BOTH YOURSELF AND/O                  |                     |                  | OR SPOUSE (Continue on separate sheet i |                            |   |        |                          | t if nec  | if necessary) |  |                    |         |      |         |
|  | MAF   |    | /IER<br>.GE OF<br>: one} | NAME OF THE SPO<br>THE DISSOLVED M |                   |  |                     |                  |   | Place of dissolution       |   |        |                          |   |               |  | REASON (Check one) |         |      |         |
| SPUUSE /   | YOUR<br>SELF  |    | SPOUSE                   |                                    |                   |  |                     |                  |   | (County an                 |   |        |                          |   |               | DEATH  | 4                  | ANNULME | NT   | DIVORCE |
| er and (<br>T/Pater  |   |    |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
| E MEMBL<br>SUPPOR  |   |    |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
| . SERVICI  |   | +  |                          |                                    |                   |  |                     |                  |   |                            |   |        |                          |   |               |  |                    |         |      |         |
| MARITAL OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGA<br>SUPPORT/PATERNITY | IS THEF   | 1  |                          | RDER OR WRITTEN AGRE               | ement in Eff      | ECT RELA   | TIVE T              | O SUPPORT/MAINTI | INANG                                   | CE/PATERN                  | ITY?  |        |                          |   |               |  |                    |         |      |         |
| SECTION 4 1  | YES IF YES, STATE DATE AND PLACE (county and state) WHERE S   |    |                          |                                    |                   |  | e such order/Agf    | REEME            | ENT WAS IS                              | SUED                       | AND A   | ATTACH | H A CO                   | PY.   |               |  |                    |         |      |         |

TRIPLICATE

## NAVMC 10922 (Rev. 4-01) (EF) Page 2

| ш  | HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD( REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE?  |   |  |                      |                                |     |  |  |  |  |  |  |  |
|--|---|---|--|----------------------|--------------------------------|-----|--|--|--|--|--|--|--|
| SECTION 5 NATURAL PARENT OF<br>CHILD IN ARMED FORCES | NO  |   |  |                      |                                |     |  |  |  |  |  |  |  |
| REN  |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| For  |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| RAL  |   |   | AATION (Full some of patural a                                     | aront CCN a          | rada tupa of sonical branch    |     |  |  |  |  |  |  |  |
| ARM  | YES IF YES, LIST ALL AVAILABLE I  |   |  | arent, SSN, gi       | jrade, type of service, branch | i - |  |  |  |  |  |  |  |
| NA<br>N⊿   | of service, inclusive dates of act  | ive service, and tull r   | iame of child(ren).  |                      |                                |     |  |  |  |  |  |  |  |
| ILD  |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| 단문   |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| SEC  |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
|  |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| CES  | HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY   | U.S. ARMED FORCE?   |  |                      |                                |     |  |  |  |  |  |  |  |
| FOR  | ΝΟ  |   |  |                      |                                |     |  |  |  |  |  |  |  |
| ED   |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| ARM  | YES. IF YES, COMPLETE THE BLOCKS BELOW.   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| SECTION 6 SPOUSE IN ARMED FORCES                     |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| USE  | SSN GRADE TYPE OF SERVICE   | BRANCH OF SERVICE   | INCLUSIVE DATES OF ACTIVE  | SERVICE              | BAQ                            | _   |  |  |  |  |  |  |  |
| PO   |   |   |  |                      |                                | -   |  |  |  |  |  |  |  |
| 165  | REGULAR   |   |  |                      | WITH DEPENDENTS                |     |  |  |  |  |  |  |  |
| NOLI O   |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| EC1  | RESERVE   |   |  |                      | WITHOUT DEPENDENTS             |     |  |  |  |  |  |  |  |
| 0  |   |   |  |                      |                                | _   |  |  |  |  |  |  |  |
|  | I CERTIFY that all the above statements are true to   | •   | By signing this form, I hereby an                                  |                      |                                |     |  |  |  |  |  |  |  |
|  | knowledge and belief, and I consent to checkage ag<br>allowances paid on laws and regulations. I will imme  |   | or obtained as a result of the pr<br>my claimed dependents or cust |                      |                                |     |  |  |  |  |  |  |  |
|  | Commanding Officer of any change in the number a  |   | the proper adjudication of benefit                                 |                      |                                |     |  |  |  |  |  |  |  |
| NO   | dependents, whether it be the gain of additional dep  |   | obligation to support my depend                                    |                      | nið ana/ði ör my lögal         |     |  |  |  |  |  |  |  |
| <b>≜</b> TI  | of dependents.  |   | g  |                      |                                |     |  |  |  |  |  |  |  |
| FIC.   |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| RTI  |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| CERTIFICATION  |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
|  |   |   |  |                      |                                |     |  |  |  |  |  |  |  |
| 17   | (Signature of Ma  | arine)  | (Social Security Number)   |                      | (Grade)                        | -   |  |  |  |  |  |  |  |
| 1 NOI  | (Signature of Ma  | arine)  | (Social Security Number)   |                      | (Grade)                        | _   |  |  |  |  |  |  |  |
| ECTION 7   | Subscribed and sworn  |   | (Social Security Number)   |                      | (Grade)                        | _   |  |  |  |  |  |  |  |
| SECTION 7  |   | arine)<br>20  |  |                      |                                | -   |  |  |  |  |  |  |  |
| SECTION 7  | Subscribed and sworn  |   |  | ature and Title of A |                                | _   |  |  |  |  |  |  |  |
| SECTION 7  | Subscribed and sworn  |   |  |                      |                                | _   |  |  |  |  |  |  |  |
| SECTION 7  | Subscribed and sworn<br>before me this day of<br>Document Viewed  | 20  | (Sign:   | ature and Title of A | Attesting Officer)             | _   |  |  |  |  |  |  |  |
| SECTION 7  | Subscribed and sworn<br>before me this day of<br>Document Viewed<br>FOR USE BY COMMAND APPROVING AUTHORITY:   |   | (Sign:   | ature and Title of A |                                | _   |  |  |  |  |  |  |  |
| SECTION 7  | Subscribed and sworn<br>before me this day of<br>Document Viewed<br>FOR USE BY COMMAND APPROVING AUTHORITY:<br>FORWARDED TO CMC                                 | 20FOR USE BY UNIT DIARY   | (Sign:   | ature and Title of A | Attesting Officer)             | _   |  |  |  |  |  |  |  |
| SECTION 7  | Subscribed and sworn<br>before me this day of<br>Document Viewed<br>FOR USE BY COMMAND APPROVING AUTHORITY:   | 20  | (Sign:   | ature and Title of A | Attesting Officer)             | _   |  |  |  |  |  |  |  |
| SECTION 7  | Subscribed and sworn<br>before me this day of<br>Document Viewed<br>FOR USE BY COMMAND APPROVING AUTHORITY:<br>APPROVED AS FORWARDED TO CMC<br>(CODE MRP-1) FOR | 20FOR USE BY UNIT DIARY   | (Sign:   | ature and Title of A | Attesting Officer)             | _   |  |  |  |  |  |  |  |
| SECTION 7  | Subscribed and swom  day of    before me this   | 20FOR USE BY UNIT DIARY   | (Sign:   | ature and Title of A | Attesting Officer)             | _   |  |  |  |  |  |  |  |
| SECTION 7  | Subscribed and sworn<br>before me this  | FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D                             | (Sign:   | ature and Title of A | Attesting Officer)             | _   |  |  |  |  |  |  |  |
|  | Subscribed and sworn<br>before me this  | FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D                             | (Sign:   | ature and Title of A | Attesting Officer)             | _   |  |  |  |  |  |  |  |
|  | Subscribed and sworn<br>before me this  | FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D                             | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
|  | Subscribed and sworn<br>before me this  | FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED              | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
|  | Subscribed and sworn<br>before me this  | FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D                             | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
|  | Subscribed and sworn<br>before me this  | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
|  | Subscribed and swom  day of    before me this   | FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED              | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
|  | Subscribed and swom  day of    before me this   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
| APPROVING AUTHORITY                                  | Subscribed and swom  day of    before me this   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             | -   |  |  |  |  |  |  |  |
| 8 APPROVING AUTHORITY                                | Subscribed and swom  day of    before me this   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
| 8 APPROVING AUTHORITY                                | Subscribed and swom<br>before me this   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
| 8 APPROVING AUTHORITY                                | Subscribed and swom  day of    before me this   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
| APPROVING AUTHORITY                                  | Subscribed and swom  day of    before me this   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
| 8 APPROVING AUTHORITY                                | Subscribed and swom<br>before me this   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             | -   |  |  |  |  |  |  |  |
| 8 APPROVING AUTHORITY                                | Subscribed and swom   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             | -   |  |  |  |  |  |  |  |
| 8 APPROVING AUTHORITY                                | Subscribed and swom<br>before me this   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             |     |  |  |  |  |  |  |  |
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| 8 APPROVING AUTHORITY                                | Subscribed and swom   | 20<br>FOR USE BY UNIT DIARY<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC | (Sign:   | ature and Title of A | Attesting Officer)             | -   |  |  |  |  |  |  |  |

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| SECTION 5 NATURAL PARENT OF<br>CHILD IN ARMED FORCES | HAS NATURAL PARENT OTHER THAN CLAIMAN<br>NO<br>IF YES, LIST ALL AVAILABLE<br>service, inclusive date   | IDENTIFYING INFORI  |   |   |                                  |   |
|--|--|---|---|---|----------------------------------|---|
| SECTION 6 SPOUSE IN ARMED FORCES                     | HAS YOUR SPOUSE EVER BEEN A MEMBER OF<br>NO<br>YES. IF YES, COMPLETE THE BLOCKS E  |   | ORCE?   |   |                                  | BAQ   |
| SECTION 6 SPOU                                       | RESERVE  | BRANCH OF SERVICE   | INCLUSIVE DATES OF ACTIVE S   |   |                                  | WITH DEPENDENTS   |
| SECTION 7 CERTIFICATION                              | I CERTIFY that all the above statements are true to<br>knowledge and belief, and I consent to checkage<br>any allowances paid on laws and regulations. I we<br>inform my Commanding Officer of any change in<br>status of my dependents, whether it be the gain of<br>dependents, or the loss of dependents. | against my pay for<br>vill immediately<br>the number and/or         | By signing this form, I hereby<br>hereon or obtained as a result<br>application, to my claimed dep<br>extent necessary for the prope<br>and/or of my legal obligation t | of the proces<br>endents or c<br>r adjudication | ssing/ad<br>ustodiar<br>n of ber | ljudication of this<br>ns thereof, to the<br>nefits, entitlements |
|  | (Signature of Ma<br>Subscribed and sworn<br>before me this day of  | arine)<br>20  | (Social Security Number)  | ture and Title of A                             | -<br>ttesting O                  | (Grade)<br>fficer )   |
| ЧОВІТУ   | Document Viewed    FOR USE BY COMMAND APPROVING AUTHORITY:    APPROVED AS  FORWARDED TO CMC    CLAIMED  (CODE MRP-1) FOR    APPROVED FOR  DEPENDENT NUMBERS    DEPENDENT  NUMBERS:   | FOR USE BY UNIT DIARY (<br>REPORTED ON UNIT D<br>NO<br>DATED<br>RUC |   | FOR USE BY CM                                   | IC APPRC                         | DVING AUTHORITY:  |
| SECTION 8 APPROVING AUTHORITY                        | APPROVED FOR CHILD BORN<br>OUT OF WEDLOCK FOR DEERS<br>ELIGIBILITY PER MCO<br>P5512.11. CHECK ONE<br>CHILD<br>RESIDES IN<br>MEMBER'S<br>HOUSEHOLD<br>(Recertify annually)<br>No Court Order<br>(Signature of Commanding Officer)   | ENTRIES REPORTED:   |   |   |                                  |   |
|  | (Typed Name and Grade of Commanding Officer)   |   |   |   |                                  |   |

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| SECTION 5 NATURAL PARENT OF<br>CHILD IN ARMED FORCES |  | Dentifying infor  | ISTED EVER BEEN A MEMBER  | parent, SSN,                                     |  |
|--|--|---|---|--|--|
| SECTION 6 SPOUSE IN ARMED FORCES                     | HAS YOUR SPOUSE EVER BEEN A MEMBER OF<br>NO<br>YES. IF YES, COMPLETE THE BLOCKS F  |   | ORCE?   |  |  |
| USE IV   | SSN GRADE TYPE OF SERVICE  | BRANCH OF SERVICE   | INCLUSIVE DATES OF ACTIVE S   | GERVICE  | BAQ  |
| SECTION 6 SPC  | REGULAR  |   |   |  | WITH DEPENDENTS  |
| CERTIFICATION  | I CERTIFY that all the above statements are true to<br>knowledge and belief, and I consent to checkage<br>any allowances paid on laws and regulations. I we<br>inform my Commanding Officer of any change in<br>status of my dependents, whether it be the gain of<br>dependents, or the loss of dependents. | against my pay for<br>vill immediately<br>the number and/or | By signing this form, I hereby<br>hereon or obtained as a result<br>application, to my claimed dep<br>extent necessary for the prope<br>and/or of my legal obligation t | of the proces<br>bendents or c<br>er adjudicatio | ssing/adjudication of this<br>ustodians thereof, to the<br>n of benefits, entitlements |
|  | (Signature of Ma   |   | (Grade)   |  |  |
| SECTION 7  | Subscribed and sworn<br>before me this day of  | 20  | (Social Security Number)  | ture and Title of A                              |  |
|  | FOR USE BY COMMAND APPROVING AUTHORITY:  | FOR USE BY UNIT DIARY                                       | CLERK:  | FOR USE BY C                                     | MC APPROVING AUTHORITY:  |
| ΤΥ   | APPROVED AS<br>CLAIMED CLAIMED FORWARDED TO CMC<br>(CODEMRP-1) FOR<br>APPROVAL FOR<br>DEPENDENT NUMBERS<br>APPROVED FOR<br>DEPENDENT<br>NUMBERS:   | REPORTED ON UNIT D  | NARY:   |  |  |
| SECTION 8 APPROVING AUTHORITY                        | APPROVED FOR CHILD BORN<br>OUT OF WEDLOCK FOR DEERS<br>ELIGIBILITY PER MCO<br>P5512.11. CHECK ONE<br>CHILD<br>RESIDES IN<br>MEMBER'S<br>HOUSEHOLD<br>(Recertify annually)<br>No Court Order  | RUC   |   | -  |  |
|  | (Signature of Commanding Officer)  |   |   | ]  |  |
|  | (Typed Name and Grade of Commanding Officer)   |   |   |  |  |
|  | (Unit Designation)   |   |   | 4  |  |

TRIPLICATE