

**DEPENDENCY APPLICATION (1751)**  
**NAVMC 10922 (REV. 4-01) (EF)**  
 (Supersedes all previous editions which are obsolete and will not be used)

**INSTRUCTIONS**  
 WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS,  
 DATE OF APPLICATION

REASON FOR THIS APPLICATION  
 (CHECK ONE)

G

CHANGE IN DEPENDENTS  
 (Check one)  
 CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION)  GAIN

START

SECTION 1.	NAME OF MARINE (Last, first, middle)		SSN	GRADE	TYPE OF SERVICE <input type="checkbox"/> USMC <input type="checkbox"/> USMCR		
	ORGANIZATION AND STATION PREPARING THIS APPLICATION			UNIT RUC	DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)		
	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		

SECTION 2 DEPENDENT INFORMATION	NO.	NAME OF DEPENDENT (Include full given name)	COMPLETE ADDRESS (Include Zip Code)	RELATIONSHIP (if child, indicate step, adopted, ward or born out)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)	
	1						
	2						
	3						
	4						
	5						
	6						

Furnish the following information concerning custodian of any dependent named above.

DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE

INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?
DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES
IF EITHER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED BELOW.				

INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)

FORMER MARRIAGE OF		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR-	SPOUSE				DEATH	ANNULMENT	DIVORCE

IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?

NO

YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

**DEPENDENCY APPLICATION (1751)**  
**NAVMC 10922 (REV. 5-95) (EF)**  
 (Supersedes all previous editions which are  
 obsolete and will not be used)

**INSTRUCTIONS**  
 WHERE ADDITIONAL SPACE IS NECESSARY TO  
 COMPLETE ITEMS, USE SEPARATE SHEET

**REASON FOR THIS APPLICATION  
 (CHECK ONE)**

**G**

**CHANGE IN DEPENDENTS  
 (Check one)**

**START**     **CHANGE IN DEPENDENTS  
 LOSS (EXPLAIN IN  
 CERTIFICATION SECTION)**     **GAIN**

**DATE OF APPLICATION**

<b>SECTION 1 IDENTIFICATION</b>	NAME OF MARINE (Last, first, middle)		SSN	GRADE	TYPE OF SERVICE <input type="checkbox"/> USMC <input type="checkbox"/> USMCR		
	ORGANIZATION AND STATION PREPARING THIS APPLICATION			UNIT RUC	DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)		
	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		

<b>SECTION 2 DEPENDENT INFORMATION</b>	NO.	NAME OF DEPENDENT (Include full given name)	COMPLETE ADDRESS (Include Zip Code)	RELATIONSHIP (if child, indicate step, adopted, ward or born out of wedlock)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)	
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FORMER MARRIAGE OF (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR-SELF	SPOUSE				DEATH	ANNULMENT	DIVORCE

**SECTION 4 MARITAL OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY**

IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?

NO

YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

DUPLICATE

**DEPENDENCY APPLICATION (1751)**  
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**G**

DATE OF APPLICATION

**CHANGE IN DEPENDENTS  
 (Check one)**

START  CHANGE IN DEPENDENTS  
 LOSS (EXPLAIN IN CERTIFICATION SECTION)  GAIN

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	ORGANIZATION AND STATION PREPARING THIS APPLICATION			UNIT RUC	DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)		
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DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES
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YOUR-SELF	SPOUSE				DEATH	ANNULMENT	DIVORCE

IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?

NO

YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

NAME OF MARINE (Last, first, middle)

**SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES**

HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD( REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE?

NO

YES IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren).

**SECTION 6 SPOUSE IN ARMED FORCES**

HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE?

NO

YES. IF YES, COMPLETE THE BLOCKS BELOW.

SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAQ
		<input type="checkbox"/> REGULAR			<input type="checkbox"/> WITH DEPENDENTS
		<input type="checkbox"/> RESERVE			<input type="checkbox"/> WITHOUT DEPENDENTS

**SECTION 7 CERTIFICATION**

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my Commanding Officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

\_\_\_\_\_  
(Signature of Marine)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Grade)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Attesting Officer )

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<b>SECTION 8 APPROVING AUTHORITY</b>	FOR USE BY COMMAND APPROVING AUTHORITY:	FOR USE BY UNIT DIARY CLERK:	FOR USE BY CMC APPROVING AUTHORITY:	
	<input type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> FORWARDED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS	REPORTED ON UNIT DIARY:		
	<input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: _____	NO. _____		
	<input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE	DATED _____		
<input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER	RUC _____			
_____ (Signature of Commanding Officer)	ENTRIES REPORTED:			
_____ (Typed Name and Grade of Commanding Officer)	_____			
_____ (Unit Designation)	_____			
	_____			
	_____			
	_____			
	_____			
	_____			
	_____			

NAME OF MARINE (Last, first, middle)

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SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAQ
		<input type="checkbox"/> REGULAR			<input type="checkbox"/> WITH DEPENDENTS
		<input type="checkbox"/> RESERVE			<input type="checkbox"/> WITHOUT DEPENDENTS

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\_\_\_\_\_  
(Signature of Marine)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Grade)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Attesting Officer )

Document Viewed

SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY:	FOR USE BY UNIT DIARY CLERK:	FOR USE BY CMC APPROVING AUTHORITY:
	<input type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> FORWARDED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS	REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____	
	<input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: _____	ENTRIES REPORTED: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	<input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE		
	<input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER		
	_____ (Signature of Commanding Officer)		
	_____ (Typed Name and Grade of Commanding Officer)		
	_____ (Unit Designation)		

