

DEERS INFORMATION WORKSHEET

The following information will be provided to the ID card section for DEERS update of sponsor and his/her dependent(s) and for application for uniformed services ID card. The sponsor (you) must present a marriage/birth certificate and/or other required documents (such as a court order for child support) on your second day of processing which will be held at the Personal Affairs Branch (PAB), or if you have turned in the required documentation to your recruiter at the time of your enlistment. You will print neatly. Remember this form is for your dependents and it is your responsibility to keep this form properly updated.

(READ PRIVACY ACT STATEMENT ON REVERSE BEFORE COMPLETING FORM.)

Line/Roster Number:							
Eligibility date (Day you went on active duty):				Number of years you enlisted for:			
Are You (Check One): <input type="checkbox"/> Regular Army <input type="checkbox"/> National Guard <input type="checkbox"/> Army Reserves							
SPONSOR DATA							
Name (Last, First, Middle Initial)					SSN		Rank
Date of Birth (Yr, Mo, Day)		Wt.	Hair Color	Blood Type	Sex	Ht.	Eye Color
Marital Status: (Check One)	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Legally Separated <input type="checkbox"/>		Single <input type="checkbox"/>	Single Parent <input type="checkbox"/>	
WIFE/SPOUSE DATA							
Name (Last, First, MI)					SSN		
Mailing Address (Address/Street, City, State, Zip Code, Country)							
Phone Number (Include Area Code)				Date of Birth (Yr., Mo., Day)			
Weight	Hair Color	Sex	Height	Eye Color	Date of Marriage (Yr, Mo, Day)		
CHILD DATA							
Name (Last, First, MI)					SSN (If available)		
Mailing Address (Address/Street, City, State, Zip Code)							
Relationship (Check One)	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Date of Birth (Yr, Mo, Day)				
Weight	Hair Color		Height		Eye Color		
Name (Last, First, MI)					SSN (If available)		
Mailing Address (Address/Street, City, State, Zip Code)							
Relationship (Check One)	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Date of Birth (Yr, Mo, Day)				
Weight	Hair Color		Height		Eye Color		
Name (Last, First, MI)					SSN (If available)		
Mailing Address (Address/Street, City, State, Zip Code)							
Relationship (Check One)	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Date of Birth (Yr, Mo, Day)				
Weight	Hair Color		Height		Eye Color		

DATE REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012
PRINCIPAL PURPOSES(S): To provide information for input into the DEER System for Military dependents.
ROUTINE USES: a. SSN used for identification purposes.
b. To ensure proper benefits are afforded to all military dependents.
c. To provide information needed for other forms used for inprocessing.
DISCLOSURE: Providing information is voluntary.