

**HEADQUARTERS, 95th ADJUTANT GENERAL BATTALION (RCPT)
PERSONAL DATA FORM FOR NEW SOLDIERS**

INSTRUCTIONS: Fill out or check the correct information on the sheet below to the best of your ability. If you have any questions, ask the Sergeant, Corporal, or Specialist for assistance. Complete this form as accurately as possible.

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

1. Roster#	2. Line#	3. Prior Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is your component: Regular Army (R) USAR-Army Reserve (V) ARNG National Guard (G)		
5. Last Name:	First Name:	
Middle Name:	6. SSAN:	
7. What is your rank? <input type="checkbox"/> E-1 (1) <input type="checkbox"/> E-2 (2) <input type="checkbox"/> E-3 (3) <input type="checkbox"/> E-4 (M) <input type="checkbox"/> E-5 (5)		
8. What was your highest education completed? (check one)		
<input type="checkbox"/> 9 TH (A)	<input type="checkbox"/> 10 TH (B)	<input type="checkbox"/> 11 TH (C) <input type="checkbox"/> HS Diploma (E) <input type="checkbox"/> HS GED (F)
Some college		
<input type="checkbox"/> J=1 Yr	<input type="checkbox"/> K=2 Yrs	<input type="checkbox"/> L=3 Yrs <input type="checkbox"/> M=4 Yrs <input type="checkbox"/> I=Associates <input type="checkbox"/> N=Bachelors
9. What is your place of birth?		
9a. Date of Birth:	Year:	Month: Day:
10. Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Single w/Child	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
11. What is your height?	Feet	Inches
11a. What is your weight?	Pounds	
12. Do you wear glasses or contacts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. What is your current mailing address?		
Street/Address:		
City:	State:	Zip Code: -
13a. Is this your legal residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13b. If not, please indicate your legal address:		
Street/Address:		
City:	State:	Zip Code: -
14. Hair Color: (Check One)	<input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Red	
15. Eye Color: (Check One)	<input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Gray	
16. Highest MATH subject completed:		
<input type="checkbox"/> General Math (9)	<input type="checkbox"/> Algebra (7)	<input type="checkbox"/> Geometry (4) <input type="checkbox"/> Trigonometry (5)
17. Highest SCIENCE subject completed:		
<input type="checkbox"/> General Science (7)	<input type="checkbox"/> Biology (G)	<input type="checkbox"/> Chemistry (6) <input type="checkbox"/> Physics (5)
18. For your Army Life Insurance Policy, who will be your beneficiary (ies)?		
a. Last:	First:	Middle:
City:	State:	Zip Code: -
b. Last:	First:	Middle:
City:	State:	Zip Code: -
c. Area code and phone number for:		
Mother:	Father:	Spouse:

19. What is your State-Side assignment preference? (Not Alaska or Hawaii)			
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20. What is your Over-Seas assignment preference? (Including Alaska or Hawaii)			
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FOR MARRIED PERSONNEL			
21. Is your spouse a military member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
21a. What is their Branch of Service and Unit? Branch			
Unit:			
22. Do you rent or own your home? (Check one)		<input type="checkbox"/> Rent	<input type="checkbox"/> Own
23. How much is your rent or mortgage payment? \$			
24. Do you have an EXCEPTIONAL FAMILY MEMBER? (Family member with SERIOUS or CHRONIC illness)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
FOR SINGLE SOLDIERS WITH CHILDREN			
25. Single soldiers with children, Children's Name/s:			
a. Last:		First	Middle
Relation:		Street/Address	
City		State	Zip Code -
Date of Birth of Child		Child's Other Parent's Name	
b. Last:		First	Middle
Relation:		Street/Address	
City		State	Zip Code -
Date of Birth of Child		Child's Other Parent's Name	
PRIVACY ACT			
DATE REQUIRED BY THE PRIVACY ACT			
(READ PRIVACY ACT STATEMENT BEFORE COMPLETING THIS FORM)			
AUTHORITY:	Title 10, United States Code, Section 3012.		
PRINCIPAL PURPOSES:	To attain all required information so records can be established for new soldiers.		
ROUTINE USE:	a. Social Security Number (SSAN) used for identification purposes.		
	b. To ensure military records are established for each new soldier.		
	c. To provide information needed for other forms used for in-processing.		
DISCLOSURE:	Providing information is voluntary.		