

## PCF INFORMATION SHEET

PA Statement AUTHORITY: Title 10 USC 3012 PRINCIPAL PURPOSE: Obtain information to process AWOL returnees ROUTINE USES: Prepare records and process administrative actions <b>DISCLOSURE: Voluntary, failure to provide information can delay processing</b>
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I - INDIVIDUAL DATA						
NAME			SSN		RANK	DOB D / M / Y
PMOS/GT	COMP	TERM	BASD	BPED	ETS	REENL DT
ED LEV	RACE	SCTY CLEAR/TYPE YES <input type="checkbox"/> NO <input type="checkbox"/>		ACCESS CLASS DOC YES <input type="checkbox"/> NO <input type="checkbox"/>		HEALTH PROB YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME OF RECORD (City & State)			MEPS (City & State)		PLACE OF BIRTH	
NEXT OF KIN (Name, Street Address, City & State)						
MARITAL STATUS M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/>			DATE OF MARRIAGE/DIVORCE		# OF DEP	
SPOUSE NAME (Maiden)			ADDRESS		DOB	
DEPENDENTS (First, MI/Relationship/DOB/Address (Use back of page if needed to complete))						
a.						
b.						
c.						
d.						
e.						
FATHER'S NAME/ADDRESS						
MOTHER'S NAME (Maiden Name) ADDRESS						
BENEFICIARY IF NO SURVIVING SPOUSE OR CHILD				BENEFICIARY FOR SGLI AND AMOUNT OF INSURANCE REQUESTED		

CONTINGENT BENEFICIARY IN EVENT OF DEATH OF PRINCIPAL BENEFICIARY	
LEAVE ADDRESS	TELEPHONE NUMBER (Area Code & Number)
I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> CONSENT FOR THIS ADDRESS TO BE RELEASED TO THRID PARTIES	

<b>II - PCF VDERIFICATION</b>			
NAME (Last, First, Middle)	SSN	RANK	DOR
AWOL UNIT		AWOL DATES (From-To)	
DFR	RMC (Date & Time)	DAYS BAD TIME	ARR PCF
APP <input type="checkbox"/> SURR <input type="checkbox"/> MIL <input type="checkbox"/> CIV <input type="checkbox"/> FED <input type="checkbox"/> (Place & Date)	AWOL APP		PREV CONV
VERIFIED BY	PCF	PERSON CALLED	
UNIT HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED <input type="checkbox"/>		UNIT DOES <input type="checkbox"/>	DOES NOT WANT SOLDIER BACK <input type="checkbox"/>
REMARKS			