

## ID CARD REQUEST INFORMATION

NOTE: Please submit marriage certificate, birth certificate (for any children) and for full-time students over 21, a letter from the school indicating enrollment dates is required. (Privacy Act Statement of DD Form 1172 applies).

Reason for Request \_\_\_\_\_ Initial \_\_\_\_\_  
\_\_\_\_\_ Renewal due to \_\_\_\_\_ Extension (include paperwork)  
\_\_\_\_\_ Loss \_\_\_\_\_  
\_\_\_\_\_ Mutilation \_\_\_\_\_  
\_\_\_\_\_ Priority Placement Extension (6 mos only) \_\_\_\_\_  
\_\_\_\_\_ STAFFER SIGNATURE/APPROVAL (REQUIRED) \_\_\_\_\_

\_\_\_\_\_ Renewal for \_\_\_\_\_ Sponsor only \_\_\_\_\_  
\_\_\_\_\_ Sponsor and Family Member(s) \_\_\_\_\_  
\_\_\_\_\_ Family member(s) only \_\_\_\_\_

Duty Phone \_\_\_\_\_ Organization \_\_\_\_\_

## SPONSOR INFORMATION (REQUIRED FOR ALL APPLICATIONS)

Name (Last, First, MI) \_\_\_\_\_ Sex \_\_\_\_\_  
SSN \_\_\_\_\_ Grade \_\_\_\_\_  
APO Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth (YY / MM / DD) \_\_\_\_\_  
Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_ Height (inches) \_\_\_\_\_  
Weight \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
Blood Type \_\_\_\_\_  
Date Last Card was Issued \_\_\_\_\_ Current Expiration Date \_\_\_\_\_  
Are you Emergency Essential? \_\_\_\_\_ If "yes," please answer the following:  
Religious Preference \_\_\_\_\_ Job Title \_\_\_\_\_

## DEPENDENT INFORMATION

Name (Last, First, MI) \_\_\_\_\_ Sex \_\_\_\_\_  
SSN \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth (YY / MM / DD) \_\_\_\_\_  
Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_ Height (IN) \_\_\_\_\_ Weight \_\_\_\_\_  
Date Last Card was Issued \_\_\_\_\_ Current Expiration Date \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_ Sex \_\_\_\_\_  
SSN \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth (YY / MM / DD) \_\_\_\_\_  
Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_ Height (IN) \_\_\_\_\_ Weight \_\_\_\_\_  
Date Last Card was Issued \_\_\_\_\_ Current Expiration Date \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_ Sex \_\_\_\_\_  
SSN \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth (YY / MM / DD) \_\_\_\_\_  
Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_ Height (IN) \_\_\_\_\_ Weight \_\_\_\_\_  
Date Last Card was Issued \_\_\_\_\_ Current Expiration Date \_\_\_\_\_