

# DBIDS REGISTRATION FOR SELF SPONSOR

No.

<b>Name</b>			
<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>WT</b>	<b>HT (Inch)</b>	<b>Color of Eyes</b>	<b>Color of Hair</b>
<b>Date of Birth (yy/mm/dd)</b>		<b>SSN</b>	
<b>Categories (check "x" in a block)</b>			
1. <input type="checkbox"/> Active Duty    2. <input type="checkbox"/> DoD Civilian    3. <input type="checkbox"/> NAFI			
4. <input type="checkbox"/> DoD Navy Contractor    5. <input type="checkbox"/> Retiree			
<b>PRD</b>	<b>Rank</b>	<b>Pay Grade</b>	
<b>Service</b>			
<input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> Army <input type="checkbox"/> Air Force			
<input type="checkbox"/> DoD <input type="checkbox"/> Coast Guard			
<b>Command</b>		<b>UIC Number</b>	
<b>Residence Address</b>			
<b>Mailing Address</b>			
<b>Work Phone No.</b>		<b>Home Phone No.</b>	
<b>PRIVACY ACT STATEMENT</b>			
Collection of this is authorized by the Privacy Act, U.S.C. Section 552(a). The information will be used to process DBIDS registration. The information on this form may be disclosed to the third parties in accordance with the provision of 5 U.S.C. Section 552(b). Completion of this form is voluntary; however, failure to provide the information requested may preclude the processing of DBIDS registration.			

Is your spouse an active duty/DoD Civilian/Navy Contractor?

If it is "Yes", please provide the following information:

Name: \_\_\_\_\_ Command: \_\_\_\_\_