*FILLABLE FORM*

SUPPORTING DIRECTIVE MILPERSMAN ARTICLE 1770-160

# PRIMARY/SECONDARY NEXT OF KIN INFORMATION

*(PLEASE NOTE THAT NEXT OF KIN INFORMATION IS REQUIRED OF THE DECEDENT'S PARENTS, MINOR CHILDREN AND OTHERS RECEIVING BENEFITS)*

**REGION:**

**SUBMITTED BY:**

**DATE:**

**PRIVACY ACT INFORMATION**

**AUTHORITY: 10 USC 113 AND 5 USC 552A**
**PRINCIPLE PURPOSE: TO OBTAIN PERSONAL INFORMATION FROM FAMILY MEMBERS OF DECEASED SERVICEMEMBERS.**
**ROUTINE USES: NAVY CASUALTY ASSISTANCE DIVISION (N152) WILL ONLY USE THIS INFORMATION IN PROCESSING YOUR CASE TO INCLUDE THE CERTIFICATION OF BENEFITS, ENTITLEMENTS AND NOTIFICATION OF NEXT OF KIN (NOK).**
**DISCLOSURE: DISCLOSURE IS VOLUNTARY. SHOULD YOU CHOOSE NOT TO DISCLOSE THE REQUESTED INFORMATION, PAYMENT OF BENEFITS AND ENTITLEMENTS MAY BE DELAYED. USE OF THIS INFORMATION WILL BE USED INTERNAL TO THE NAVY CASUALTY ASSISTANCE DIVISION AND WILL NOT BE RELEASED WITHOUT YOUR WRITTEN PERMISSION.**

| 1. DECEDENT'S FULL NAME *(LAST, FIRST, MIDDLE)*: | 2. SSN: |
|---|---|
| | |

## SECTION 1. PRIMARY NEXT OF KIN INFORMATION

| 3. FULL NAME *(FIRST, MIDDLE INITIAL, LAST)*: ☐ MR ☐ MS ☐ MRS | 4. RELATIONSHIP TO DECEASED: | 5. SSN: |
|---|---|---|
| | | |

| 6. DATE OF BIRTH: | 7. NOTIFICATION TIME/DATE: | 8. NOTIFIED BY: |
|---|---|---|
| | | |

**9. ADDRESS *(ZIP+4)*:**

**10. ABOVE ADDRESS IS:** ☐ **BASE HOUSING** ☐ **CONTRACT HOUSING** ☒ **PRIVATE HOUSING**

**11. NAME AND ADDRESS *(IF ADDRESS IS DIFFERENT FROM ABOVE, INDICATE MAILING ADDRESS (ZIP+4))*:**

| 12. HOME PHONE: | 13. WORK PHONE: | 14. CELL PHONE: | 15. EMAIL ADDRESS: |
|---|---|---|---|
| | | | |

## SECTION 2. CACO INFORMATION FOR PRIMARY NEXT OF KIN IS VERIFIED AS FOLLOWS

| 16. NAME *(LAST, FIRST, MIDDLE)*: | 17. RANK/RATE: | 18. DUTY STATION: |
|---|---|---|
| | | |

**19. STREET ADDRESS FOR BENEFITS PACKAGE *(INDICATE HOME OR COMMAND ADDRESS) (FEDEX ADDRESS (ZIP+4))*:**

| 20. HOME PHONE: | 21. OFFICE PHONE: | 22. CELL PHONE: | 23. FAX NUMBER | 24. EMAIL ADDRESS: |
|---|---|---|---|---|
| | | | | |

**PLEASE COMPLETE WITHIN 24 HOURS.**
**WHEN COMPLETED, FAX TO REGIONAL COORDINATOR**



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# PRIMARY/SECONDARY NEXT OF KIN INFORMATION *(CONTINUED)*

***(PLEASE NOTE THAT NEXT OF KIN INFORMATION IS REQUIRED OF THE DECEDENT'S PARENTS, MINOR CHILDREN AND OTHERS RECEIVING BENEFITS)***

**REGION:**

**SUBMITTED BY:**

**DATE:**

| **25. DECEDENT'S FULL NAME *(LAST, FIRST, MIDDLE)*:** | **26. SSN:** |
|---|---|

## SECTION 3. SECONDARY NEXT OF KIN INFORMATION

| **27. FULL NAME *(FIRST, MIDDLE, LAST)*:** ☐ MR ☐ MS ☐ MRS | **28. RELATIONSHIP TO DECEASED:** | **29. SSN:** |
|---|---|---|

| **30. DATE OF BIRTH:** | **31. NOTIFICATION TIME/DATE:** | **32. NOTIFIED BY:** |
|---|---|---|

**33. ADDRESS *(ZIP+4)*:**

**34. ABOVE ADDRESS IS:** ☐ **BASE HOUSING** ☐ **CONTRACT HOUSING** ☐ **PRIVATE HOUSING**

**35. NAME AND ADDRESS *(IF ADDRESS IS DIFFERENT FROM ABOVE, INDICATE MAILING ADDRESS (ZIP+4))*:**

| **36. HOME PHONE:** | **37. WORK PHONE:** | **38. CELL PHONE:** | **39. EMAIL ADDRESS:** |
|---|---|---|---|

## SECTION 4. CACO INFORMATION FOR SECONDARY NEXT OF KIN IS VERIFIED AS FOLLOWS

| **40. NAME *(LAST, FIRST, MIDDLE)*:** | **41. RANK/RATE:** | **42. DUTY STATION:** |
|---|---|---|

**43. STREET ADDRESS FOR BENEFITS PACKAGE *(INDICATE HOME OR COMMAND ADDRESS) (FEDEX ADDRESS (ZIP+4))*:**

| **44. HOME PHONE:** | **45. OFFICE PHONE:** | **46. CELL PHONE:** | **47. FAX NUMBER** | **48. EMAIL ADDRESS:** |
|---|---|---|---|---|

## SECTION 5. LIST OF DEPENDENT CHILDREN *(IF UNDER THE AGE OF 18 LIST THE GUARDIANS NAME AND RELATIONSHIP)*

| **49. NAME:** | **50. DOB:** | **51. SSN:** | **52. GUARDIAN'S OR CUSTODIAN'S** NAME: | **53. RELATIONSHIP** |
|---|---|---|---|---|
| | | | | |
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| | | | | |

| **53. NOTIFICATION TIME/DATE:** | **54. NOTIFIED BY:** |
|---|---|

**PLEASE COMPLETE WITHIN 24 HOURS.**
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# PRIMARY/SECONDARY NEXT OF KIN INFORMATION *(CONTINUED)*

***(PLEASE NOTE THAT NEXT OF KIN INFORMATION IS REQUIRED OF THE DECEDENT'S PARENTS, MINOR CHILDREN AND OTHERS RECEIVING BENEFITS)***

**REGION:**

**SUBMITTED BY:**

**DATE:**

| **55. DECEDENT'S FULL NAME *(LAST, FIRST, MIDDLE)*:** | **56. SSN:** |
|---|---|

**SECTION 6. SERVICING PSD *(IF APPLICABLE)***

| **57. NAME AND LOCATION OF PSD:** | **58. POC:** |
|---|---|
| **59. PHONE NUMBER:** | **60. FAX NUMBER:** |

**61. CHECK WILL BE DELIVERED VIA:**

☐ **FEDEX** ☐ **USPS** ☐ **PICKED-UP**

**62. ADDITIONAL NOTES *(EXAMPLES: WILL? PE?)***

**SECTION 7. OTHER NOK INFORMATION**

| **63. NOK FULL NAME *(FIRST, MIDDLE, LAST)*:** | **64. RELATIONSHIP TO DECEASED:** | **65. SSN:** |
|---|---|---|

| **66. DATE OF BIRTH:** | **67. NOTIFICATION TIME/DATE:** | **68. NOTIFIED BY:** |
|---|---|---|

**69. ADDRESS *(ZIP+4)*:**

**70. NAME AND ADDRESS *(IF ADDRESS IS DIFFERENT FROM ABOVE, INDICATE MAILING ADDRESS (ZIP+4))*:**

| **71. HOME PHONE:** | **72. OFFICE PHONE:** | **73. CELL PHONE:** | **74. FAX NUMBER** | **75. EMAIL ADDRESS:** |
|---|---|---|---|---|

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# PRIMARY/SECONDARY NEXT OF KIN INFORMATION *(CONTINUED)*

***(PLEASE NOTE THAT NEXT OF KIN INFORMATION IS REQUIRED OF THE DECEDENT'S PARENTS, MINOR CHILDREN AND OTHERS RECEIVING BENEFITS)***

**REGION:**

**SUBMITTED BY:**

**DATE:**

| | |
|---|---|
| **76. DECEDENT'S FULL NAME *(LAST, FIRST, MIDDLE)*:** | **77. SSN:** |

| | | |
|---|---|---|
| **78. NOK FULL NAME *(FIRST, MIDDLE, LAST)*:** | **79. RELATIONSHIP TO DECEASED:** | **80. SSN:** |

| | | |
|---|---|---|
| **81. DATE OF BIRTH:** | **82. NOTIFICATION TIME/DATE:** | **83. NOTIFIED BY:** |

**84. ADDRESS *(ZIP+4)*:**

**85. NAME AND ADDRESS *(IF ADDRESS IS DIFFERENT FROM ABOVE, INDICATE MAILING ADDRESS (ZIP+4))*:**

| | | | | |
|---|---|---|---|---|
| **86. HOME PHONE:** | **87. OFFICE PHONE:** | **88. CELL PHONE:** | **89. FAX NUMBER** | **90. EMAIL ADDRESS:** |

| | | |
|---|---|---|
| **91. NOK FULL NAME *(FIRST, MIDDLE, LAST)*:** | **92. RELATIONSHIP TO DECEASED:** | **93. SSN:** |

| | | |
|---|---|---|
| **94. DATE OF BIRTH:** | **95. NOTIFICATION TIME/DATE:** | **96. NOTIFIED BY:** |

**97. ADDRESS *(ZIP+4)*:**

**98. NAME AND ADDRESS *(IF ADDRESS IS DIFFERENT FROM ABOVE, INDICATE MAILING ADDRESS (ZIP+4))*:**

| | | | | |
|---|---|---|---|---|
| **99. HOME PHONE:** | **100. OFFICE PHONE:** | **101. CELL PHONE:** | **102. FAX NUMBER** | **103. EMAIL ADDRESS:** |

## SECTION 8. VERIFICATION OF NAVPERS 1770/9 INPUT FROM REGIONAL COORDINATIOR

**104. ALL INFORMATION ON THIS FORM IS VERIFIED TO BE CORRECT:**

| | |
|---|---|
| 105. REGIONAL COORDINATOR'S NAME *(LAST, FIRST. MI)*: | **109. SIGNATURE OF REGIONAL COORDINATIOR:** |

**PLEASE COMPLETE WITHIN 24 HOURS.**
**WHEN COMPLETED, FAX TO REGIONAL COORDINATOR**



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