

**DBIDS REGISTRATION FOR  
FAMILY MEMBER OF ACTIVE DUTY,  
DOD CIVILIAN OR NAVY CONTRACTOR  
YOUR SPONSOR MUST REGISTER FIRST!**

**No.**

<b>Required Document to register</b>				
<b>Armed Forced ID Card, Current Dependent Entry Approval</b>				
<b>Name</b>				
<b>Last</b>	<b>First</b>	<b>Middle</b>		
<b>SSN</b>	<b>WT</b>	<b>HT (INCH)</b>	<b>Eye Color</b>	<b>Hair Color</b>
<b>SPONSOR'S PRD</b>		<b>Your DOB (yy/mm/dd)</b>		
<b>Working Status</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service</b> <input type="checkbox"/> USCS <input type="checkbox"/> NAFI <input type="checkbox"/> USCTR <input type="checkbox"/> JNCTR <input type="checkbox"/> MLC/IHA <input type="checkbox"/> OTHER <input type="checkbox"/> VOLUNTEER		
<b>Your Grade</b>		<b>Your Working Place</b>		
<b>Sponsor's Name</b>				
<b>Last</b>	<b>First</b>	<b>Middle</b>		
<b>Sponsor's SSN</b>	<b>Sponsor's Pay Grade</b>	<b>Sponsor's UIC</b>		
<b>Residence (Home 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.				