

# ID CARD APPLICATION WORKSHEET

SCHOOL \_\_\_\_\_

## SPONSOR INFORMATION

NAME \_\_\_\_\_ SEX \_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ APO AP \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ HOME TEL: \_\_\_\_\_

REASON FOR REQUEST: INITIAL RENEWAL LOST

EXPIRATION OF CURRENT ID: \_\_\_\_\_

GRADE AND STEP (for example, CD 16): \_\_\_\_\_

RETIRED MILITARY: YES \_\_\_\_ NO \_\_\_\_

FAMILY MEMBER OF ACTIVE DUTY MILITARY: YES \_\_\_\_ NO \_\_\_\_

## DEPENDENT INFORMATION

NAME \_\_\_\_\_ SEX \_\_\_\_ SSN \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

REASON FOR REQUEST: INITIAL RENEWAL LOST

EXPIRATION OF CURRENT ID: \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_ SSN \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

REASON FOR REQUEST: INITIAL RENEWAL LOST

EXPIRATION OF CURRENT ID: \_\_\_\_\_