

## Personal Information

<i>Air National Guard Member:</i>
Name:
Social Security Number:
Permanent Street Address:
City, State, Zip:
Phone Number:
Date of Birth:
Place of Birth:
Naturalization/Citizenship (Date):
Blood Type:

<i>Military Service:</i>
Present Rank:
Date of Enlistment:
ID Card Number:
Unit:
Address & Phone Number of Unit:

<i>Civilian Employer:</i>
Name of Employer:
Address & Phone Number:
Supervisor's Name:

<i>Marital Status:</i>
Husband/Wife/Significant Other: (Name, Address, Phone Number)
Date of Marriage:
Previous Marriage(s):
Date of Divorce:
Other:
Other:

<i>Children:</i>
Name/Date of Birth/SSN:
Name/Date of Birth/SSN:
Name/Date of Birth/SSN:
Name/Date of Birth/SSN:

<i>Parents/Other:</i>
Name, Address, Phone Number:
Name, Address, Phone Number: