



190TH AIR REFUELING WING FAMILY PROGRAMS

PRE-DEPLOYMENT INFORMATION FORM

Date of Deployment: _____ Est. Date of Return: _____

Est. Number of Days Gone: _____ Deployment Location: _____

Today's Date _____ Last Name: _____ First Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Unit: _____ Supervisor's Name: _____ Commander's Name _____

Civilian Place of Employment: _____

**Any Specific Concerns
During Your Absence:**

Who would you like us to contact in your absence?

Name: (First and Last): _____

Relationship: _____ Day Phone: _____

Employment: _____

E-Mail Address: _____

Home Address if different than yours _____

Dependants	Birth Date	School	Military ID Card?

Do you have a different address for your children that you would like us to contact them at?