RECORD OF EMERGENCY DATA

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The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 655, Designation of persons having interest in status of a missing member; 10 U.S.C. 1475, Death gratuity: death of members on active duty or inactive duty training and of certain other persons; 10 U.S.C. 1476, Death gratuity: death after discharge or release from duty or training; 10 U.S.C. 1477, Death gratuity: eligible survivors; 10 U.S.C. 1478, Death gratuity: amount; 10 U.S.C.1479, Death gratuity: delegation of determinations, payments; 10 U.S.C.1480, Death gratuity: miscellaneous provisions; 10 U.S.C. 1481, Recovery, care, and disposition of remains: decedents covered, 10 U.S.C.1482, Expenses incident to death ; 10 U.S.C. 2771, Final settlement of accounts: deceased members; 38 U.S.C. 1970, Beneficiaries; payment of insurance; DoDI 1304.02, Accession Processing Data Collection Forms; and DoDI 1300.18, DoD Personnel Casualty Matters, Policies, and Procedures.

PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, mission or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or the death of the member.

ROUTINE USES: Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Pursuant to 5 U.S.C. 522a(b)(3), records may be disclosed as a routine use to other Federal, State, local, tribal, and territorial government agencies when such data is required in the performance of official duties (e.g., military service and benefits determination, compensation, Service member and family support, certifications, credentials, or licensing). Recipient agencies and entities may include but are not limited to the Office of Personnel Management, Social Security Administration, Selective Service Agencies, Department of Veterans Administration, Department of Labor, the Federal Aviation Administration, the Red Cross, and Federally Funded Research and Development Centers. A complete list of routine uses may be found in the applicable System of Records Notice, Military Human Resource Records, DoD-0020 at: **https://www.federalregister.gov/documents/2024/05/15/2024-09967/privacy-act-of-1974-system-of-records**.

Additional information may also be found in Defense Accountability and Assessment Records, DoD-0012 at: https://www.federalregister.gov/documents/2022/12/16/2022-27145/privacy-act-of-1974-system-of-records and United States Coast Guard Military Pay and Personnel System, DHS/USCG-014 at: https://www.federalregister.gov/documents/2008/12/19/E8-29793/privacy-act-of-1974-united-states-coast-guard-014-military-pay-and-personnel-system-of-records

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME *(Last, First, Middle)*

2. DOD IDENTIFICATION NUMBER or SSN

3a. SERVICE/CIVILIAN CATEGORY

☐ **ARMY** ☐ **NAVY** ☐ **MARINE CORPS** ☐ **AIR FORCE** ☐ **SPACE FORCE** ☐ **COAST GUARD** ☐ **DoD**
☐ **CIVILIAN** ☐ **CONTRACTOR**

b. REPORTING UNIT CODE/DUTY STATION

4a. MARITAL STATUS ☐ **SINGLE** ☐ **MARRIED** ☐ **DIVORCED** ☐ **WIDOWED**

b. SPOUSE NAME *(If applicable) (Last, First, Middle)*

c. ADDRESS *(Include ZIP Code)* **AND TELEPHONE NUMBER**

d. PHONE NUMBERS *(Home, Mobile, Other)*

e. PREFERRED LANGUAGE

f. DoD AFFILIATION

5. CHILDREN a. NAME *(Last, First, Middle)*	b. RELATIONSHIP	c. DATE OF BIRTH *(YYYYMMDD)*	d. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

6a. PARENT ONE NAME *(Last, First, Middle Initial)*

b. ADDRESS *(Include ZIP Code)* **AND TELEPHONE NUMBERS** *(Home, Mobile, Other)*

7a. PARENT TWO NAME *(Last, First, Middle Initial)*

b. ADDRESS *(Include ZIP Code)* **AND TELEPHONE NUMBERS** *(Home, Mobile, Other)*

8a. STEP PARENT ONE *(Last, First, Middle Initial)*

b. ADDRESS *(Include ZIP Code)* **AND TELEPHONE NUMBERS** *(Home, Mobile, Other)*

9a. STEP PARENT TWO *(Last, First, Middle Initial)*	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBERS *(Home, Mobile, Other)*
10a. DO NOT NOTIFY PERSON DUE TO THEIR ILL HEALTH	b. NOTIFY INSTEAD
11a. DESIGNATED PERSON(S) (*Military: Duty Status - Whereabouts Unknown Civilian: Excused Absence-Whereabouts Unknown*)	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER
12. CONTRACTING AGENCY AND TELEPHONE NUMBER *(Contractors only)*	

SECTION 2 - BENEFITS RELATED INFORMATION

13a. BENEFICIARY(IES) FOR DEATH GRATUITY *(Military only)*	b. RELATIONSHIP	c. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER	d. PERCENTAGE
14a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES *(Military only)* NAME AND RELATIONSHIP		b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER	c. PERCENTAGE
15a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) *(Military only)* NAME AND RELATIONSHIP		b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER	

16. CONTINUATION/REMARKS

17. SIGNATURE OF SERVICE MEMBER/CIVILIAN *(Include rank, rate, or grade if applicable)*	18. SIGNATURE OF WITNESS *(Include rank, rate, or grade as appropriate)*	19. DATE SIGNED *(YYYYMMDD)*

INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 16, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 16" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle name.

ITEM 2. Enter DoD Identification Number (located on DoD Identification Card) or SSN if DoD Identification Card is not issued yet. Upon issuance of DoD Identification Card, you will need to submit a new DD Form 93 with your DoD Identification Number to protect your personally identifiable information.

ITEM 3a. Service. **Military:** Mark X in appropriate block. **Civilian:** Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 4a. Select marital status.

ITEM 4b. Spouse Name. Enter last name (if different from Item 1), first name and middle name on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4c. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4b is marked, leave blank.

ITEM 4d. List home, mobile, and other phone numbers as appropriate.

ITEM 4e. Provide the preferred language spoken by the spouse.

ITEM 4f. Select from the dropdown menu the DoD affiliation of the spouse, if applicable.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle name, relationship, and date of birth of all children. If none, so state. Include children born out of wedlock if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEMS 6a. and 7a. Parent Name. Last name, first name and middle initial.

ITEMS 6b. and 7b. Address and Telephone Number of Parent. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than biological or adoptive parent is listed, indicate relationship.

ITEMS 8a. and 9a. Parent Name (if applicable). Last name, first name and middle initial.

ITEMS 8b. and 9b. Address and Telephone Number of Step Parent (if applicable). If deceased, so state. Include civilian title or military rank and service if applicable.

ITEM 10a. Do Not Notify Person Due to Their Ill Health. Last name, first name, and middle initial. If more than one person, indicate in ITEM 16, “Continuation/Remarks.

ITEM 10b. Notify Instead. Last name, first name, and middle initial and address of person(s) to be notified in lieu of person(s) listed on this form if they are not already listed on form. If ITEM 10a. is not applicable, leave blank.

ITEM 11a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655.

ITEM 11b. Address and telephone number of Designated Person(s).

ITEM 12. Contracting Agency and Telephone Number **(Contractors only). NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 13a. Beneficiary(ies) for Death Gratuity **(Military only)**. Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

INSTRUCTIONS FOR PREPARING DD FORM 93
(Continued)

(1) To the surviving spouse of the person, if any;
(2) To any surviving children of the person and the descendants of any deceased children by representation;
(3) To the surviving parents or the survivor of them;
(4) To the duly appointed executor or administrator of the estate of the person;
(5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. **NOT APPLICABLE to civilians.**

Item 13b. Relationship. **NOT APPLICABLE to civilians.**

ITEM 13c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 13d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. **NOT APPLICABLE to civilians.**

ITEM 14a. Beneficiary(ies) for Unpaid Pay/Allowance **(Military only)**. Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid in each in item 14c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

ITEM 14b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 14c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. **NOT APPLICABLE to civilians.**

ITEM 15a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you die. Persons typically selected as a PADD include: surviving spouse, blood relative of legal age, or adoptive relatives. **NOT APPLICABLE to civilians.**

ITEM 15b. Address and telephone number of PADD. **NOT APPLICABLE to civilians.**

ITEM 16. Continuation/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: communication barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 17. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 18. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 19. Date the member or civilian signs the form if not already indicated in the electronic signature block. This item must be completed as an ink entry.