

PERSONAL INFORMATION DATA SHEET

NAME: _____

(LAST, FIRST, MIDDLE, SUFFIX)

RANK: _____

SSN: _____

RPT DATE: _____

SERVICE: _____

AFSC/MOS/RATE: _____

CORPS: _____

DDLDS DATE: _____

POSN NO: _____

ADSD/TAFMSD/BASD: _____

PEBD: _____

PROMOTABLE (Y / N) FY LIST: _____

SEQ NO: _____

DUTY TITLE: _____

DEPT: _____

DUTY LOCATION (USU, WRAMC, etc): _____

RATER: _____

INTERMEDIATE/SR RATER/ENDORSER: _____

SR RATER/REVIEWER/REPORTING OFFICIAL: _____

DATE LAST EVAL/FITREP: _____

DUTY PHONE: _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

SPOUSE NAME: _____

NO. FAMILY MEMBERS: _____

(Don't include yourself)

SERVICE MEMBER GENDER: _____

 M / F

RACE: _____

NEXT OF KIN (NOK) INFORMATION:

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

ADDRESS: _____

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

ADDRESS: _____