

**DEPENDENCY APPLICATION (1751)**

**NAVMC 10922 (REV. 5-95) (EF)**

(Supersedes all previous editions which are obsolete and will not be used)

SN: 0000-00-006-4828 U/I: 100 SH PER PAD

**INSTRUCTIONS**

WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET

DATE OF APPLICATION

REASON FOR THIS APPLICATION (CHECK ONE)

**G**

CHANGE IN DEPENDENTS (Check one)

START   
  CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION)   
  GAIN

SECTION 1 IDENTIFICATION	NAME OF MARINE (Last, first, middle)		SSN	GRADE	TYPE OF SERVICE <input type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	ORGANIZATION AND STATION PREPARING THIS APPLICATION			UNIT RUC	DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)	
	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	

SECTION 2 DEPENDENT INFORMATION	NO.	NAME OF DEPENDENT (Include full given name)	COMPLETE ADDRESS (Include Zip Code)	RELATIONSHIP (if child, indicate step, adopted, ward or born out of wedlock)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)	
	1						
	2						
	3						
	4						
	5						
	6						

Furnish the following information concerning custodian of any dependent named above.

DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE

INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?
DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES
IF EITHER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED BELOW.				

INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)

FORMER MARRIAGE OF (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR-SELF	SPOUSE				DEATH	ANNULMENT	DIVORCE

IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?

NO

YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES

HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD( REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE?

NO

YES IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren)).

SECTION 6 SPOUSE IN ARMED FORCES

HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE?

NO

YES. IF YES, COMPLETE THE BLOCKS BELOW.

SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAQ
		<input type="checkbox"/> REGULAR			<input type="checkbox"/> WITH DEPENDENTS
		<input type="checkbox"/> RESERVE			<input type="checkbox"/> WITHOUT DEPENDENTS

SECTION 7 CERTIFICATION

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my Commanding Officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

(Signature of Marine)

(Social Security Number)

(Grade)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(Signature and Title of Attesting Officer )

Document Viewed

SECTION 8 APPROVING AUTHORITY

FOR USE BY COMMAND APPROVING AUTHORITY:

APPROVED AS CLAIMED

FORWARDED TO CMC (CODE MHP-20) FOR APPROVAL FOR DEPENDENT NUMBERS

APPROVED FOR DEPENDENT NUMBERS: \_\_\_\_\_

APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE

CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order

COURT ORDER

(Signature of Commanding Officer)

(Typed Name and Grade of Commanding Officer)

(Unit Designation)

FOR USE BY UNIT DIARY CLERK:

REPORTED ON UNIT DIARY:

NO. \_\_\_\_\_

DATED \_\_\_\_\_

RUC \_\_\_\_\_

ENTRIES REPORTED:

FOR USE BY CMC APPROVING AUTHORITY: