NA۱	DEPENDENCY APPLICATION (1751) NAVMC 10922 (REV. 4-01) (EF) (Supersedes all previous editions which are obsole					1	INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, REASON FOR THIS APPLICATION (CHECK ONE)							G					
	and will not be used)							PLICATION	-11	ITEMIS,	CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS								
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	NAM	E OF	MARINE	(Last, first, middle)			SSN				GRA	DE	Т	YPE (OF SERVICI	E		US	SMCR
SECTION 1.	ORG	ANIZA	TION A	ND STATION PREPAR	ING THIS AF	PLICATION UNIT RU					RUC DATE OF CURRENT ENLISTMENT/APPOINT! OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)				NTMENT				
<u>s</u>	FUTU	RE A	DRES	S AND ETA IF TRANSF	ER IS ANTIC	IPATED '	WITHIN	N 60 DAYS	DATE OF LAST DISCHARGE OR DATE OF LAST						LAST				
ION	NO.	l		OF DEPENDENT e full given name)			COMPLETE ADDRESS (Include Zip Code) RELATIONSHIP (if child, indicate step, adopted, ward or born out (Day, Mo., Year)						DATE A CLAIM previou give dat	ALLO' ED F sly ap e of a	WANCE ROM (If pproved, upproval)				
ORMAT	1																		
'NT INF	2																		
DEPENDENT INFORMATION	3																		
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SECTION	5	5																	
	6																		
8	Furnish the following information concerning cust					odian of	any d												
SECTION 3	NO	EU 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			JSTODIAN			RELATION DEPEN						ADD	RESS ANI	D ZIP	CODE		
S																			
			INFO	RMATION CONCER	NING PRES	ENT M	ARRIA	HAVE YOU BEEN PREVIOUSLY HAS PRESENT SPOUSE BE MARRIED? PREVIOUSLY MARRIED?						_					
AND	DA	TE	PLAC	E (County and State)	FULL (SIVEN NA	AME O	F SPOUSE		NO	YE			TIME	s L	10	YES		NO OF TIMES
OUSE IITY									BEL	.WQ.					5", GIVE IN				
D SP TERN		ORMAT		NCERNING DISSOLU	TION OF EA	CH FORM	MER MA	ARRIAGE OF BO	TH Y	OURSELF	AND	OR S	SPOUS	SE (Co	ntinue on se		<u>e sheet if r</u> SON (Che		
ER AN		RRIAG		NAME OF THE SP THE DISSOLVED M		DAT	E OF LUTIO	N		Place of dis (County an					DEA				DIVORCE
: MEMBER AND SPOUS SUPPORT/PATERNITY	YOU	R- 51	POUSE												DEA		ANNOLIVII	-INI	DIVORCE
RVICE DING 9																			
OF SE REGAR																			
4 MARITAL OF SERVICE ORMATION REGARDING																			
FORM.	IS TH	IERE A	A COUR	T ORDER OR WRITTE	N AGREEME	 ENT IN EI	FECT	RELATIVE TO S	UPP	ORT/MAIN	ITENA	NCE	PATE	RNITY	′?				
SECTION 4 MARITAL OF SERVICE MEMBER AND SPOUSE INFORMATION REGARDING SUPPORT/PATERNITY		NO																	
Ø		YI	ES II	F YES, STATE DATE A	ND PLACE (d	county an	d state) WHERE SUCH	ORD	ER/AGRE	EMEN	IT W	AS ISS	UED /	AND ATTAC	CHAC	OPY.		

DEPENDENCY APPLICATION (1751) NAVMC 10922 (REV. 5-95) (EF)

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

INSTRUCTIONS

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

DATE OF APPLICATION

REASON FOR THIS APPLICATION (CHECK ONE)

CHANGE IN DEPENDENTS (Check one)

	CHANGE IN DEPENDENTS	
START	LOSS (EXPLAIN IN CERTIFICATION SECTION	GAI

										START		LOSS (EXPLAIN CERTIFICATION		GAIN
	NAME OF MARINE (Last, first, middle)					SSN	SSN GRADE TYPE OF SERVICE							
Z								-				USMC		ISMCR
SECTION 1	ORGA	ANIZATI	ONA NO	STATION PREPARING TH			JNIT RUC JATE OF CURRENT ENLISTMENT/APPO DATE REPORTING FOR ACTIVE DUTY ()							
. 40	-UTURE ADDRESS AND ETA IS TRANSSER IS ANTICIPATED WITHIN 80 DAY							DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY					RELEASE	
Z	NO. NAME OF DEPENDENT (include full given name)					COMPLETE (include 2								
DEPENDENT INFORMATION	1										No.			
N INFO	2													
EPENDE	3													
SECTION 2 D	4													
SECI	5													
	б													
CDIAN	Furnish the following information concerning custodian of any dependent name						d above.							
SECTION 3 CUSTODIAN INFORMATION	DEP NO						RELATIONSH.P.T	O DEPENDENT ADDRESS AND ZIP CODE						
Ž P				NEDRMATION CONCER	INING PRESENT V	IARR AGE		HAVE YOU BEE	IAVE YOU BEEN PREVIOUSLY MARRIED? HAS PRESENT SPOUSE BEE PREVIOUSLY MARRIED?					
ND INFORMATION REGARDING	AC	(IE	PLAC	SE (County and State)	FULL G	VEN NAME C	ME OF SPOUSE NO YES NO YES						NO OF TIMES	
AATIC							IF EITHER ANSWER ABOVE IS "YES". GIVE INFORMATION REQUESTED BELOW.							
FOR		MAT.O.		RN NG DISSOLUTION OF	EACH -ORMER N	ARRAGE O	BOTH YOURSELF A	H YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)						
		RR.AGE heck on	0.0000000000000000000000000000000000000	NAME OF THE SPO	V-11-12-0-12-0-12-0-12-0-12-0-12-0-12-0-	DATE OF		Place of dis				REASON (Check one)		
MARITAL OF SERVICE MEMBER AND SPOUSE A SUPPORT/PATERNITY	YOU		OUSE	THE DISSOLVED M	ARRIAGE	3 880-31 0	N.	(County an	d State)			DEATH	ANNULMENT	DIVORCE
AND SH													5	
ABER J														
SUPP					1									
HVIC		_	-		*									-
5					79									
HTAL	STHE	_		RDER OR WRITTEN AGRE	EMENT IN EFFECT	RELATIVE T	O SUPPORT/MAINTE	NANCE/PATERN	TY?					
	<u> </u>] ио	le le											
CTION 4		YE	S F	YES, STATE DATE AND F	LACE (county and	I state) WHER	RE SUCH ORDER/AGE	REEMENT WAS S	SUED AN	HOATTACH	A COPY.			
5														

DEPENDENCY APPLICATION (1751) NAVMC 10922 (REV. 5-95) (EF)

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DATE OF APPLICATION

REASON FOR THIS APPLICATION (CHECK ONE)

G

CHANGE IN DEPENDENTS (Check one)

	CHANGE IN DEPENDENTS	
START	LOSS (EXPLAIN IN CERTIFICATION SECTION GAI	1
CDADE T	YPE DE SERVICE	

										L CERTIFICATION	SECTION L		
	NAME OF MARINE (Last. hist, middle)				188	N		TYPE	OF SERVICE USMC		SMCR		
SECTION 1	ORGANIZATION AND STATION PREPARING THIS APPLICATION						JNIT RUC	UNIT RUC DATE OF CURRENT ENLISTMENT/APPOINTI DATE REPORTING FOR ACTIVE DUTY (WHI LATER)					
IDER	-UTUR	E AUDRESS	AND ETA IT TRANSTER IS A	NIICIPATED WITHIN	BO DAYS	i	=00		DATE OF L	AST DISCHARGE OR VEIDULY	DATE OF LAST	RELEASE	
2	NO. NAME OF DEPENDENT (notable full given name)					E ADDRESS Zip Code)	(if eniid ward e	DATE OF BIRTH (Day, Mo., Year)	DATE ALLO CLA MED - previously app date of ap	ROM (If roved, give			
(MA LICI	1												
I INFO	2												
DEPENDENT INFORMATION	3												
SECTION 2 DI	4						4-10			·			
SECI	5												
	б												
CDIAN	Furns	n the follow	ng Information concerning ou	stodian of any depende	enthama	d above.							
ION 3 CUSTO	DEP NO FULL NAME OF CUSTODIAN					RELATIONSH, P. TO DEPENDENT ADDRESS AND ZIP CODE							
SECTION 3 CUSTODIAN INFORMATION													
			NFORMATION CONCE	RNING PRESENT MAR	RAGE		T SPOUSE BEEN MARRIED?						
N HEGAI	DATE PLACE (County and State) FULL G				INAME	NAME OF SPOUSE NO YES NO YES NO YES							
MATIC								1			FORMATION REQUESTED BELOW.		
AND INFORMATION REGARDING	FORMER WARRAGE OF (Check one) NAME OF THE SPOUSE N				ATE OF	F BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet Place of dissolution)					REASON (Check one)		
	YOU		THE DISSOLVED M	Annas: 55	SOLJIIC	, N	(County ar	id State)		DEATH	ANNULMENT	DIVORCE	
MARITAL OF SERVICE MEMBER AND SPOUSE SUPPORT/PATERNITY												-	
FEMBER JPPCHT		4											
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LOF SE													
AHITA	STHE	NO	FORDER OR WRITTEN AGRE	EMENT IN EFFECT RE	LAT:VE	TO SUPPORT/MAINTE	NANCE/PATERN	LTY?					
4		YES	IF YES, STATE DATE AND I	PLACE (abunty and sta	te) WHE:	RE SUCH ORDER/AGR	EEMENT WAS IS	SSUED AND	S A HOATTA	OPY.			
CTION													

HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED PORCE? YES FYES, LST ALL AVAILABLE IDENT FYING INFORMATION IF III mame of natural parent. SSN, grade, type of service, branch of service, including dates of active service, and full harm of child(ren). 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 BANGCH OF SERVICE INCLUSIVE DATES OF ACTIVE SERVICE BIOLOGY. SSN GRADE TYPE OF SERVICE BANGCH OF SERVICE OF COMPLETE THE BLOCKS BELOW. SSN GRADE TYPE OF SERVICE BANGCH OF SERVICE INCLUSIVE DATES OF ACTIVE SERVICE BIOLOGY. I CERTIFY that all the above statements are true to the best of my with four dependency of the control of the application of the applic	NAV	MC 10922 (Rev. 4-01) (EF) Page 2										
HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE? NO	ıı.	HAS NATURAL PARENT OTHER THAN CLAIMAN	IT OF CHILD(REN) LIS	STED EVER BEEN	A MEMBER OF ANY U.S.	ARMED FORCE?						
CERTIFY that all the above statements are true to the best of my knowledge and bellef, and Lonsmet to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my dependents, or usubodians thereof, to the extent necessary for the processing/adjudication of this application, or working the process paid on laws and regulations. I will immediately inform my dependents, whether it be the gain of additional dependents, or the loss of 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. Subscribed and award	SECTION 5 NATURAL PARENT OF	VES IF YES, LIST ALL AVAILABLE I	F YES, LIST ALL, AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch									
CERTIFY that all the above statements are true to the best of my knowledge and bellef, and Lonsmet to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my dependents, or usubodians thereof, to the extent necessary for the processing/adjudication of this application, or working the process paid on laws and regulations. I will immediately inform my dependents, whether it be the gain of additional dependents, or the loss of 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. Subscribed and award	ARMED FORCES	NO NO										
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Cignature of Marine Cignature of Marine Cignature of Marine Cignature and Title of Attesting Officer		knowledge and belief, and I consent to checkage ag allowances paid on laws and regulations. I will imme Commanding Officer of any change in the number a dependents, whether it be the gain of additional dep	ainst my pay for any ediately inform my nd/or status of my	or obtained as a re my claimed depen the proper adjudic	esult of the processing/adju idents or custodians thereo ation of benefits, entitlemer	processing/adjudication of this application, to stodians thereof, to the extent necessary for efits, entitlements and/or of my legal						
Document Viewed FOR USE BY COMMAND APPROVING AUTHORITY: FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO CHILD RESIDES IN MEMBER'S COURT HOUSEHOLD (Recertify annually) No Court Order (Signature and Title of Attesting Officer) FOR USE BY UNIT DIARY: REPORTED ON UNIT DIARY: REPORTED ON UNIT DIARY: BEPORTED ON UNIT DIARY: REPORTED ON UNIT D	CERTI											
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APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELICIBILITY PER MCO PS512:11. CHECK ONE OHID RESIDES IN MEMBER'S OOUT OF WEDLOCK FOR DEERS ELICIBILITY PER MCO PS612:11. CHECK ONE OHID RESIDES IN MEMBER'S ORDER (Signature of Commanding Officer) (Typed Name and Grade of Commanding Officer)	S	before me this day of	20		(Signature and Title of A	Attesting Officer)						
	ω	APPROVED AS CLAIMED 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 (Signature of Commanding Officer)	NO DATED		FOR USE BY C	MC APPROVING AUTHORITY:						

NAME OF MARINE (Last, first, middle)

NA	/MC 10922 (Rev.5-95) (EF) Page 2										
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 IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch 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 NO YES, IF YES, COMPLETE THE BLOCKS E SSN GRADE TYPE OF SERVICE			IES OF ACTIVE SERVICE	BAG						
SECTION 6 S	RESULAR				WITH DEPENDENTS WITHOUT DEPENDENTS						
IFICATION	CERTIFY that all the above statements are true to knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I wanter my Commanding Officer of any change in status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtaine application, to me extent necessary	ed as a result of the proce y claimed dependents or for the proper adjudication	authorize release of any information tof the processing/adjudication of this pendents or custodians thereof, to the er adjudication of benefits, entitlements to support my dependents.						
SECTION 7 CERTIFICATION	Subscribed and sworn before me this day of	ar nel 20	[Social	Security Numberl (Signature and Title of	(Grade) Attesting Officer)						
SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY: APPROVED AS CLAIMED APPROVED FOR DEPENDENT NUMBERS APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO PSSIZIT. CHECK ONE CHILD RESIDES IN MEMBER'S HOUSEHOLD Reserbly annually) No Court Order (Typed Name and Grade of Commanding Officer)	REPORTED ON UNIT D NO. DATED RUC ENTRIES REPORTED:		FOR JSE BY R	CMC APPROVING AJIHORIIY;						
	(Unit Designation)										

NAME OF MARINE (Last, first, middle)

NA	/MC 10922 (Rev.5-95) (EF) Page 2									
SECTION 5 NATURAL PARENT OF CHILD IN AHMED FORCES	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE? NO IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, 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 NO YES. IF YES, COMPLETE THE BLOCKS E SSN GRADE TYPE OF SERVICE			TES OF ACTIVE SERVICE	DAE					
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IFICATION	CERTIFY that all the above statements are true to knowledge and belief, and I consent to checkage any allowances paid on laws and regulations. I with inform my Commanding Officer of any change in the status of my dependents, whether it be the gain of dependents, or the loss of dependents.	against my pay for vill immediately the number and/or	hereon or obtaine application, to m extent necessary	y claimed dependents or o for the proper adjudication	y authorize release of any information it of the processing/adjudication of this ependents or custodians thereof, to the per adjudication of benefits, entitlements to support my dependents.					
SECTION 7 CENTIFICATION	(Signature of Ma Subscribed and sworn before me this day of	u nel 20	[Social	Security Numbers	(Grade)					
	(Signature and Title of Attesting Officer) Document Viewed									
SECTION & APPROVING AUTHORITY	APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCD PS512.11. CHECK ONE CHILD RESPENS COURT MEMBER'S HOUSEHOLD Respensity annually) No Court Order (Typed Name and Grade of Commanding Officer)	REPORTED ON UNIT D NO. DATED RUC ENTRIES REPORTED:		+O4 D≥F RA C	MC APPROVING AJTHORITY;					
	(Unit Designation)									

NAME OF MARINE (Last, first, middle)