DEPENDENCY APPLICATION (1751) NAVMC 10922 (REV. 4-01) (EF) FOUO - Privacy Sensitive when filled in.						INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS,			REASON FOR THIS APPLICATION (CHECK ONE)				G			
(Supersedes all previous editions which are obsolete and will not be used)						DATE OF APPLICATION						(Check o	NGE IN DEPENDENTS (Check one) OSS (EXPLAIN IN EERTIFICATION SECTION) GAIN			
	NAM	NAME OF MARINE (Last, first, middle)					SSN				GRADE TYPE OF S		OF SERVICE USMC	SERVICE		1CR
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NO	NO.			OF DEPENDENT e full given name)		COMPLETE ADDRESS (Include Zip Code)				RELATIONSHIP (if child, indicate step, adopted, ward or born out) (Day		DATE OF BIRTH (Day, Mo., Year	DATE AL CLAIME previousl give date	D FRC	OM (If	
ORMAT	1															
ON 2 DEPENDENT INFORMATION	2															
	3															
	4															
SECTION 2	5															
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SECTION 3	DEP NO					RELATIONSHIP			SHIP	ТО		AD	DRESS AND ZIF	CODE		
SEC																
	INFORMATION CONCERNING PRES					MARRIED?			RRIED?	Г		PREVIOUSLY			NO OF	
E AND	DATE PLACE (County and State)		FULL (FULL GIVEN NAME OF SPOUSE		NO _	YES	TIM	MES NO	NO YES TIMES						
SUO Y					TION OF EA				ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED BELOW.							
ID SF	INFORMATION CONCERNING DISSOLUTION OF EA					ON FORWER WARRIAGE OF BOTH TOURSEI			JURSELF	OKSELI AND/OK SPOSE (COMMI			REASON (Check one)			
SECTION 4 MARITAL OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY			NAME OF THE SPO THE DISSOLVED M						Place of dissolution (County and State)		DEATH	ANNULMEI		VORCE		
MARII																
ECTION 4		IERE A NO YE		T ORDER OR WRITTE YES, STATE DATE A												

DEPENDENCY APPLICATION (1751) NAVMC 10922 (REV. 4-01) (EF) FOUO - Privacy Sensitive when filled in.						INSTRUCTIONS WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS.			REASON FOR THIS APPLICATION (CHECK ONE)				G	
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ON 2 DEPENDENT INFORMATION	1													
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e Z	-		the follo	wing information con	cerning cus	todian of any dependent named above.								
SECTION	DE NO		FULL NAME OF CUSTODIAN			RELATIONSHIP 1 DEPENDENT			ADDRESS AND APCODE					
0)														
		INFORMATION CONCERNING PRES					SENT MARRIAGE MARRIE			IOUSLY NO OF	PREVIOUSI	ENT SPOUSE BEELY MARRIED?	NO OF	
E AND		DATE PLACE (County and State) FU		FULL				NO YES NO OF TIMES EITHER ANSWER ABOVE IS "YES", GIVE I			NO YES NO O			
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AND S Pater	i M	FORMER MARRIAGE OF NAME OF THE SPOUSE IN						lace of dissolution			REASON (Check one)			
MBER.	Y	YOUR- SPOUS				DISSOLUTIO	DISSOLUTION (Cou		County and State)			ANNULMENT	DIVORCE	
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ON 4 MARITAL OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY	_													
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A A														
SECTION 4 N	IS	THERE	A COUF	RT ORDER OR WRITTE	N AGREEMI	L ENT IN EFFEC	T RELATIVE TO	SUPPORT/MAIN	ITENANCE	/PATERNITY	?		<u> </u> -	

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DEPENDENCY APPLICATION (1751) INSTRUCTIONS REASON FOR THIS APPLICATION NAVMC 10922 (REV. 4-01) (EF) WHERE ADDITIONAL SPACE IS (CHECK ONE) FOUO - Privacy Sensitive when filled in. NECESSARY TO COMPLETE ITEMS. (Supersedes all previous editions which are obsolete DATE OF APPLICATION CHANGE IN DEPENDENTS START and will not be used) (Check one) LOSS (EXPLAIN IN **GAIN** CERTIFICATION SECTION) NAME OF MARINE (Last, first, middle) SSN **GRADE** TYPE OF SERVICE USMC **USMCR** DATE OF CURRENT ENLISTMENT/APPOINTMENT **UNIT RUC** ORGANIZATION AND STATION PREPARING THIS APPLICATION SECTION OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER) FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS DATE OF LAST DISCHARGE OR DATE OF LAST ECC RELEASE TO INACTIVE DUTY DATE ALLOWANCE CLAIMED FROM (If previously approved, give date of approval) RELATIONSHIP DATE OF COMPLETE ADDRESS NAME OF DEPENDENT **BIRTH** NO (if child, indicate step, (Include Zip Code) (Include full given name) (Day, Mo., Year) DEPENDENT INFORMATION adopted, ward or born out) 2 3 4 SECTION 2 5 6 Furnish the following information concerning custodian of any dependent named above. DEP **RELATIONSHIP TO** SECTION FULL NAME OF CUSTODIAN ADDRESS AND ZIP CODE NO **DEPENDENT** HAVE YOU BEEN PREVIOUSLY HAS PRESENT SPOUSE BEEN INFORMATION CONCERNING PRESENT MARRIAGE MARRIED? PREVIOUSLY MARRIED? NO OF NO OF YES NO NO DATE PLACE (County and State) FULL GIVEN NAME OF SPOUSE TIMES YES TIMES SECTION 4 MARITAL OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY 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** REASON (Check one) MARRIAGE OF NAME OF THE SPOUSE IN DATE OF Place of dissolution THE DISSOLVED MARRIAGE DISSOLUTION (County and State) YOUR- SPOUSE DEATH ANNULMENT DIVORCE

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

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

NO

TRIPLICATE

	MC 10922 (Rev. 4-01) (EF) Page 2 O - Privacy Sensitive when filled in.		NAME OF MARINE (Last, first, middle)								
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 AN NO YES IF YES, COMPLETE THE BLOCKS BE										
OUSE	SSN GRADE TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DA	ATES OF ACTIVE S	ERVICE	BAQ					
SECTION 6 SPC	REGULAR RESERVE					WITH DEPENDENTS WITHOUT DEPENDENTS					
CERTIFICATION	I CERTIFY that all the above statements are true to knowledge and belief, and I consent to checkage allowances paid on laws and regulations. I will im Commanding Officer of any change in the number dependents, whether it be the gain of additional dependents.	against my pay for any nmediately inform my r and/or status of my	or obtained as a my claimed depe	result of the pro ndents or custo cation of benefi	cessing/adjud dians thereof ts, entitlemen	dication of this application, to f, to the extent necessary for this and/or of my legal					
SECTION 7	(Signature of	Marine)	rine) (Social Security Number			(Grade)					
SE	Subscribed and sworn before me this day of	20				nature and Title of Attesting Officer)					
	FOR USE BY COMMAND APPROVING AUTHORITY:	FOR USE BY UNIT DIARY	CLERK:		FOR USE BY C	MC APPROVING AUTHORITY:					
RITY	APPROVED AS CLAIMED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS:	REPORTED ON UNIT DUT	REPORTED ON UNIT DUTY: NO			MO ALTROVINO ACTIONITI.					
SECTION 8 APPROVING AUTHORITY	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)	RUC									
	(Typed Name and Grade of Commanding Officer)										
	(Unit Designation)										

	MC 10922 (Rev. 4-01) (EF) Page 2 O - Privacy Sensitive when filled in.	NAME OF MARINE (Last, firs	INE (Last, first, middle)							
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IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE? NO YES IF YES, COMPLETE THE BLOCKS BELOW.									
SECTION 6 SPOUSE IN ARMED FORCES	SSN GRADE TYPE OF SERVICE REGULAR RESERVE	BRANCH OF SERVICE	INCLUSIVE DATI	ES OF ACTIVE SERVICE	BAQ WITH DEPENDENTS 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)									
SEC	Subscribed and sworn before me this day of 20									
SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY: APPROVED AS CLAIMED APPROVAL 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)	FOR USE BY UNIT DIARY C REPORTED ON UNIT DUTY NO. DATED RUC ENTRIES REPORTED:		FOR USE BY C	CMC APPROVING AUTHORITY:					
	(Typed Name and Grade of Commanding Officer) (Unit Designation)									

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	/MC 10922 (Rev. 4-0 JO - Privacy Sensitive	, , , , , , , , , , , , , , , , , , ,		NAME OF MARINE (Last, first, middle)							
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OUSE	SSN	GRADE TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DA	ATES OF ACTIVE SE	RVICE	BAQ				
SECTION 6 SP		REGULAR RESERVE					WITH DEPENDENTS WITHOUT DEPENDENTS				
CERTIFICATION	knowledge and belief, allowances paid on law Commanding Officer of	above statements are true and I consent to checkage ws and regulations. I will im of any change in the number it be the gain of additional do	against my pay for any imediately inform my r and/or status of my	or obtained as a my claimed depe	result of the production of the production of benefits	cessing/adjud dians thereof s, entitlemen	e of any information hereon dication of this application, to , to the extent necessary for ts and/or of my legal				
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