

COT/BOT Staff:
Scanned DD Form 1172: Y/N
Date updated:
Remarks:

DEERS INFORMATION WORKSHEET

Please write legibly

*****Note: Your DEERS record will be updated within 10 days. *****

1. Sponsor's Name: Rank Last, First & MI	2. Contact Info: ALT token or personal email & cell phone
3. Flight & Class:	4. Flight Commander:
5. Married Mil-to-Mil: Yes/No	6. Full SSAN (Mandatory):

****Note: All blocks must be filled and supporting documents listed below must be attached to this worksheet prior to turning in to the Personnel Assistance Counter (PAC). If you have any questions, please call the PAC at DSN 493-1889 or commercial 334-953-1889. Thank you.**

1. Adding your SPOUSE:

- a. A COPY of your Marriage License or Marriage Certificate with license number
- b. A COPY of your spouse's Social Security Card (not mandatory if SSN is known; You have 90 days to provide a SSAN card to your MPS)
- c. A COPY of your spouse's Photo ID (ex. State License, passport)

2. Adding Your CHILDREN:

- a. Foster/Adopted Child? Yes/No
(Must provide documents from a placement agency IAW AFI 36-3026, Table 4.12)
- b. Single males must provide a COPY of a court ordered DNA/paternity test or Voluntary Acknowledgement Paternity
- c. Divorced males must provide a COPY of the divorce decree and birth certificate
- d. A COPY of birth certificate
- e. A COPY of their Social Security Card (not mandatory if SSN is known; You have 90 days to provide a SSAN card to your MPS)

Turn over to sign the form

The information herein is For Official Use Only (FOUO) which must be protected under the Freedom of Information Act of 1966 and Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties.

1. SPOUSE INFORMATION

1. Name (Last, First & MI) Suffix:	2. Sex:	3. Full SSAN:	
4. Street Address (Include Apt/Unit #):	5. City:	6. State:	7. Zip Code:
8. Date of Birth (01-Jan-80):	9. Date of Marriage (01-Jan-80)		

2. CHILD INFORMATION

1. Name (Last, First & MI) Suffix:	2. Sex:	3. Full SSAN	
4. Street Address (Include Apt/Unit #):	5. City:	6. State:	7. Zip Code:
8. Date of Birth (01-Jan-80):	9. Relationship:		

1. Name (Last, First & MI) Suffix:	2. Sex:	3. Full SSAN	
4. Street Address (Include Apt/Unit #):	5. City:	6. State:	7. Zip Code:
8. Date of Birth (01-Jan-80):	9. Relationship:		

1. Name (Last, First & MI) Suffix:	2. Sex:	3. Full SSAN	
4. Street Address (Include Apt/Unit #):	5. City:	6. State:	7. Zip Code:
8. Date of Birth (01-Jan-80):	9. Relationship:		

If you require additional space, please request for a continuation worksheet

I, _____, certify that the information above is correct and have attached the supporting documents as requested to this worksheet on this day, _____.

DEERS CONTINUATION WORKSHEET

1. CHILD INFORMATION

1. Name (Last, First & MI) Suffix:	2. Sex:	3. Full SSAN	
4. Street Address (Include Apt/Unit #):	5. City:	6. State:	7. Zip Code:
8. Date of Birth (01-Jan-80):	9. Relationship:		

1. Name (Last, First & MI) Suffix:	2. Sex:	3. Full SSAN	
4. Street Address (Include Apt/Unit #):	5. City:	6. State:	7. Zip Code:
8. Date of Birth (01-Jan-80):	9. Relationship:		

1. Name (Last, First & MI) Suffix:	2. Sex:	3. Full SSAN	
4. Street Address (Include Apt/Unit #):	5. City:	6. State:	7. Zip Code:
8. Date of Birth (01-Jan-80):	9. Relationship:		

1. Name (Last, First & MI) Suffix:	2. Sex:	3. Full SSAN	
4. Street Address (Include Apt/Unit #):	5. City:	6. State:	7. Zip Code:
8. Date of Birth (01-Jan-80):	9. Relationship:		