# PERSONAL INFORMATION

(FH REGULATION 690-4)

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**
**AUTHORITY:** Section 1302, title 5, U.S. Code. **PURPOSE:** To provide emergency related data. **ROUTINE USE:** To facilitate handling of any personal emergency requiring data. DISCLOSURE: Voluntary. Non-disclosure would result in an extensive time delay in locating such information in an emergency situation.

The following information is furnished for emergency purposes and is to be filed as a temporary document in my Official Personnel Folder.

**a. NAME** | **b. DATE OF BIRTH**

**c. ADDRESS Street** _____ **Apt** _____

**City** **State** **Zip Code**

**d. TELEPHONE NUMBER Home** **Duty** | **e. SSN**

**f. ORGANIZATION** | **g. SERIES/GRADE**

**h. DEPENDENTS (include spouse, if married, and/or dependent children)**

| | NAME | RELATIONSHIP | DATE OF BIRTH |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

**i. PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY.**

**(1) FULL NAME** _____

**STREET** _____ **APT** _____

**CITY** _____ **STATE** _____ **ZIP CODE** _____

**TELEPHONE NUMBER** _____ **RELATIONSHIP** _____

**(2) FULL NAME** _____

**STREET** _____ **APT** _____

**CITY** _____ **STATE** _____ **ZIP CODE** _____

**TELEPHONE NUMBER** **RELATIONSHIP**

**j. NEXT OF KIN (BLOOD RELATIVE IF POSSIBLE). IF NOT MARRIED, LIST AN ADULT.**

**(1) FULL NAME** _____

**STREET** _____ **APT** _____

**CITY** _____ **STATE** _____ **ZIP CODE** _____

**TELEPHONE NUMBER** _____ **RELATIONSHIP** _____

**k. REMARKS (YOU MAY INDICATE YOUR RELIGIOUS PREFERENCE OR OTHER INFORMATION, IF YOU SO DESIRE**

**DATE** _____ **SIGNATURE** _____

**DISTRIBUTION: original to WCPOC, ATTN: SFCP-W-S; Copy to Employee's Supervisor**