

CONFIDENTIAL
(When Filled In)

(b) (3)
(b) (6)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) <i>Mills, Monte</i> (First) <i>II</i> (Middle) <i>Co.</i>	SOCIAL SECURITY NUMBER
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1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY <i>2626 Sigmona St. Falls Church Va</i>	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) <i>Same</i>
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE <i>Same -</i>	HOME LEAVE RESIDENCE

2. MARITAL STATUS (Check one)

<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
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IF MARRIED, PLACE OF MARRIAGE
Pampa Tex

DATE OF MARRIAGE
13 Jan 45

IF DIVORCED, PLACE OF DIVORCE DECREE

DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED

DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE <i>Mills, Marjorie E</i>	ADDRESS (No., Street, City, Zone, State) <i>Same as above</i>	TELEPHONE NO. <i>534 0036</i>
NAMES OF CHILDREN <i>Mills, Jeffrey L.</i> <i>Mills, Robert G.</i> <i>Mills, Thomas S.</i>	ADDRESS <i>S. Viet Nam</i> <i>2626 Sigmona St. Falls Church</i> <i>VA</i>	SEX <i>M</i> <i>M</i> <i>M.</i>
		DATE OF BIRTH <i>28 Dec 45</i> <i>17 June 55</i> <i>9 Feb 52</i>
NAME OF YOUR FATHER (Or male guardian) <i>Mills, M.A.</i>	ADDRESS <i>Portales NM</i>	TELEPHONE NO.
NAME OF YOUR MOTHER (Or female guardian) <i>Mills, Mrs M.A.</i>	ADDRESS <i>VA</i>	TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.
Spouse

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) <i>Mills, Willard B.</i>	RELATIONSHIP <i>Bro</i>
HOME ADDRESS (No., Street, City, Zone, State) <i>1407 Becket St Austin, Tex</i>	HOME TELEPHONE NUMBER <i>534 0036</i>
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE <i>U.S. Geological Survey, Austin Tex</i>	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT