

CONFIDENTIAL

(When Filled In)

TJR

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) Collins (First) Charles (Middle) P SOCIAL SECURITY NUMBER

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED Falls Church, Va LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE 416 Linden Lane Falls Church, Va HOME LEAVE RESIDENCE same

2. MARITAL STATUS (Check one)

SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED

IF MARRIED, PLACE OF MARRIAGE Fort Monmouth N.J. DATE OF MARRIAGE 4 July 1943

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)

APPROVED FOR RELEASE DATE: DEC 2007

3. MEMBERS OF FAMILY

NAME OF SPOUSE Anne Vogel Collins ADDRESS (No., Street, City, Zone, State) above TELEPHONE NO. JE 4-0387

NAMES OF CHILDREN Charles P. Jr John Byron James O'Neil ADDRESS above SEX M M M DATE OF BIRTH June 1944 May 1946 July 1948

NAME OF FATHER (Or male guardian) Deceased ADDRESS TELEPHONE NO.

NAME OF MOTHER (Or female guardian) Mrs. B. H. Collins ADDRESS 167 Congress St. Brackford Pa 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. Wife

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) Mrs C. P. Collins RELATIONSHIP Wife

HOME ADDRESS (No., Street, City, Zone, State) 416 Linden Lane, Falls Church Va HOME TELEPHONE NUMBER JE 4-0387

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE 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 X NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) YES X NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES X NO

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

19509/271

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5. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

- 1. Agency Credit Union (My name only)
- 2. Arlington Trust Company (Joint account with wife) Charles P. and Anne V.)

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. (If "Yes" where is document located?)

Safety Deposit Box (Arlington Trust Company, Arlington, Va.)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

YES NO. (If "Yes" give name(s) and address)
in contents of will

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. (If "Yes", who possess the power of attorney?)

My wife, Mrs. Anne V. Collins

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

[Empty space for additional data and/or continuation of preceding items]

SIGNED AT Washington, D. C.,	DATE 31 May 1961	SIGNATURE <i>Charles P. Collins</i>
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