

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)	(First)	(Middle)	SOCIAL SECURITY NUMBER
CARANCI	JOHN	C. Sr.	

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
3080 S. ABINGDON ST ARL. VA	3080 S. ABINGDON ST. ARL. VA
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	HOME LEAVE RESIDENCE
64 Eddy ST. CENTREDALE R.I.	64 Eddy ST. CENTREDALE, R.I.

2. MARITAL STATUS (Check one)

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input checked="" type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
---------------------------------	----------------------------------	---	-----------------------------------	----------------------------------	-----------------------------------

IF MARRIED, PLACE OF MARRIAGE _____ DATE OF MARRIAGE _____

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: 12-Nov-2008

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NO.
NAMES OF CHILDREN	ADDRESS	SEX DATE OF BIRTH
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
NAME OF MOTHER (Or female guardian)	ADDRESS	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.

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP
	Mother
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION
None	

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

Yes

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

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

Yes

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

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.

FIRST & NATIONAL Bank
BRADLEE SHOPPING CENTER
ALEX. VA.

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

[Redacted]

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN? YES NO. (If "Yes" give name(s) and address)

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

[Redacted]

6.

ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

[Large empty area for additional data]

SIGNED AT	DATE	SIGNATURE
Washington, D.C.	July 63	John L. ...