

NAME: _____ SSN: _____

Please check the appropriate box below. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While furnishing this information is voluntary, your cooperation in providing accurate information is critical.

Military Dependent

Service Component of Sponsor:

Army Navy Air Force Marines

Rank of Sponsor:

Enlisted _____ Officer _____

I arrived in Italy the VERY FIRST time on: _____

Rotation date of Sponsor: _____

U.S. Civilian Dependent

Grade of Sponsor: _____

I arrived in Italy the VERY FIRST time on: _____

Rotation date of Sponsor: _____

U.S. Civilian Employee (CONUS hire or serving on appointment affording employee LQA/Transportation Agreement)

Number of Dependents:

Spouse: Yes No

Children (annotate date of birth for each):

Under age 5: _____

Age 5 – 11: _____

Age 12 – 18: _____

Over age 18: _____