

OUTPATIENT RECORDS/CHCS INPROCESSING REGISTRATION FORM



Name of Sponsor (Last,First,Middle): _____

Sponsor's SSAN: _____

Sex: Male Female DOB: _____ Rank: _____

Status: Active Duty Retired National Guard Reserve Flight Status: Yes No

Branch of Service: Army Air Force Navy Marine Corps Coast Guard

Religious Preference: _____

Ethnic Origin: Filipino Hispanic Other Asian/Pacific Islander SE Asian Other

Race: Asian-Pacific Islander Black Am. Indian White Other

Marital Status: Single Never Married Married Divorced Widowed

Time in Service: _____ yrs. _____ mos. ETS: _____ MOS: _____

Home Address: _____

Home Telephone: _____ Duty Telephone: _____

Military Unit: _____

Emergency Contact Information

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Name of Dependents (Last,First,Middle)	SSAN	Sex	DOB	Need Record Made
Spouse				Yes/No
1st child				Yes/No
2nd child				Yes/No
3rd child				Yes/No
4th child				Yes/No
5th child				Yes/No
6th child				Yes/No
7th child				Yes/No
8th child				Yes/No
9th child				Yes/No
10th child				Yes/No