

EXAMPLE

Please fill in all blocks where there is a typed suggestion or that has "fill" typed in. Leave all other blocks blank. For additional dependents use additional forms. Please read Privacy Act Statement and Agency Disclosure Notice prior to completing this form.

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD DEERS ENROLLMENT											Form Approved OMB No. 0704-0020 Expires Sep 30, 2008							
SECTION I SPONSOR INFORMATION	1. NAME (Last, First, Middle) Insert name of military sponsor				2. SEX fill	3. SSN (or SN) N/A			4. STATUS AD FP		5. BR OF SERVICE OTHER							
	6. PAY GRADE N/A		7. RANK (RANK)		8. GEN. CAT		9. TYPE OF CARD ISSUED FOREIGN DD1173		10. ID NO. (Fill in if updating)		11. LAST UPDATE (YYYYMMDD)							
	13. CURRENT RESIDENCE ADDRESS Insert home address						14. SUPPLEMENTAL ADDRESS INFORMATION Embassy of _____											
	15. CITY Continue home address				16. STATE fill	17. ZIP CODE fill		18. COUNTRY USA		19. UIC N/A		20. HOME TELEPHONE NO. (Include Area Code) fill						
	21. DATE OF BIRTH (YYYYMMDD) fill		22. BLOOD TYPE fill		23. COLOR EYES fill		24. COLOR HAIR fill		25. HEIGHT fill		26. WEIGHT fill		27. MEDICARE		28. MARITAL STATUS fill			
	29. ELIG ST/MC EFF DATE (YYYYMMDD)		30. CARD EX/ELIG END DATE (YYYYMMDD)		31. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) Medical Civilian Medical Service Commissary Exchange Unlimited Exchange Limited Morale, Welfare & Recreation								32. END ELIG REASON					
SECTION II DEPENDENT INFORMATION	33. NAME (Last, First, Middle) Insert name of Spouse and fill in boxes following as above				34. SEX fill	35. RELATIONSHIP fill			36. SSN N/A		37. ID NO.							
	38. LAST UPDATE (YYYYMMDD)		39. V/I		40. CURRENT RESIDENCE ADDRESS fill				41. SUPPLEMENTAL ADDRESS INFORMATION Embassy of _____									
	42. CITY fill			43. STATE fill		44. ZIP CODE fill		45. COUNTRY USA		46. HOME TELEPHONE NO. (Include Area Code) fill		47. DATE OF BIRTH (YYYYMMDD) fill						
	48. MBI		49. STU		50. INCAP		51. MEDICARE		52. COLOR EYES fill		53. COLOR HAIR fill		54. HEIGHT fill		55. WEIGHT fill		56. MARITAL STATUS DATE (YYYYMMDD) fill for spouse	
	57. ELIG ST/MC EFF DATE (YYYYMMDD)		58. CARD EX/ELIG END DATE (YYYYMMDD)		59. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) Medical Civilian Medical Service Commissary Exchange Unlimited Exchange Limited Morale, Welfare & Recreation								60. END ELIG REASON					
	61. NAME (Last, First, Middle) Insert name and information of other dependent				62. SEX fill	63. RELATIONSHIP fill			64. SSN N/A		65. ID NO.							
66. LAST UPDATE (YYYYMMDD)		67. V/I		68. CURRENT RESIDENCE ADDRESS fill				69. SUPPLEMENTAL ADDRESS INFORMATION Embassy of _____										
70. CITY fill			71. STATE fill		72. ZIP CODE fill		73. COUNTRY fill		74. HOME TELEPHONE NO. (Include Area Code) fill		75. DATE OF BIRTH (YYYYMMDD) fill							
76. MBI		77. STU		78. INCAP		79. MEDICARE		80. COLOR EYES fill		81. COLOR HAIR fill		82. HEIGHT fill		83. WEIGHT fill		84. MARITAL STATUS DATE (YYYYMMDD) leave blank for children		
85. ELIG ST/MC EFF DATE (YYYYMMDD)		86. CARD EX/ELIG END DATE (YYYYMMDD)		87. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) Medical Civilian Medical Service Commissary Exchange Unlimited Exchange Limited Morale, Welfare & Recreation								88. END ELIG REASON						
SECTION III SPONSOR DECLARATION AND REMARKS	89. REMARKS (Cite legal documentation, as applicable.) I certify that--Full name) is an active duty member of the Army of--(Country). His/her assignment as--(Position at Embassy)--began on--(Date)--and is expected to end on or about--(Date). (Insert signature block and signature of Military Attache and affix Embassy Seal to this section.											NOTARY SIGNATURE AND SEAL						
	I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)																	
	90. SIGNATURE Sponsor's signature										91. DATE SIGNED (YYYYMMDD)							
SECTION IV VERIFIED BY	92. TYPED NAME (Last, First, Middle)				93. PAY GRADE		94. UNIT/COMMAND NAME											
	95. TITLE			96. UIC		97. DUTY PHONE NO.		98. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)										
	99. SIGNATURE					100. DATE VERIFIED (YYYYMMDD)												
SECTION V ISSUED BY	101. TYPED NAME (Last, First, Middle)				102. PAY GRADE		103. UNIT/COMMAND NAME											
	104. TITLE			105. UIC		106. DUTY PHONE NO.		107. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)										
	108. SIGNATURE					109. DATE ISSUED (YYYYMMDD)												
SECTION VI RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED																	
	110. SIGNATURE										111. DATE ISSUED (YYYYMMDD)							