

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 Jul 31, 2005

SECTION I SPONSOR INFORMATION	1. NAME (Last, First, Middle) (Name of military member)		2. SEX M/F	3. SSN (or SN)		4. STATUS AD FP		5. BR OF SERVICE Other (Service)			
	6. PAY GRADE	7. RANK Rank	8. GEN. CAT	9. TYPE OF CARD ISSUED (CAC/DD1173)		10. ID NO. (Insert if update)		11. LAST UPDATE (YYYYMMDD) (Date of last issue)		12. V/I	
	13. CURRENT RESIDENCE ADDRESS (Current home address)					14. SUPPLEMENTAL ADDRESS INFORMATION Embassy of _____					
	16. CITY (Continue home address)			16. STATE State	17. ZIP CODE Zip		18. COUNTRY USA	19. UIC		20. HOME TELEPHONE NO. (Include Area Code) Phone Number	
	21. DATE OF BIRTH (YYYYMMDD) (insert date of birth)		22. BLOOD TYPE (Blood Type)	23. COLOR EYES (Eye Color)	24. COLOR HAIR (Hair Color)	25. HEIGHT (Height)	26. WEIGHT (Weight)	27. MEDICARE	28. MARITAL STATUS (Status)		
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) (Spouse information)			34. SEX	35. RELATIONSHIP		36. SSN		37. ID NO.		
	38. LAST UPDATE (YYYYMMDD)		39. V/I	40. CURRENT RESIDENCE ADDRESS				41. SUPPLEMENTAL ADDRESS INFORMATION			
	42. CITY			43. STATE	44. ZIP CODE		45. COUNTRY	46. HOME TELEPHONE NO. (Include Area Code)		47. DATE OF BIRTH (YYYYMMDD)	
	48. MBI	49. STU	50. INCAP	51. MEDICARE	52. COLOR EYES	53. COLOR HAIR	54. HEIGHT	55. WEIGHT		56. MARITAL STATUS DATE (YYYYMMDD)	
	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) (Continue with other dependent information if needed)			62. SEX	63. RELATIONSHIP		64. SSN		65. ID NO.		
	66. LAST UPDATE (YYYYMMDD)		67. V/I	68. CURRENT RESIDENCE ADDRESS				69. SUPPLEMENTAL ADDRESS INFORMATION			
	70. CITY			71. STATE	72. ZIP CODE		73. COUNTRY	74. HOME TELEPHONE NO. (Include Area Code)		75. DATE OF BIRTH (YYYYMMDD)	
	76. MBI	77. STU	78. INCAP	79. MEDICARE	80. COLOR EYES	81. COLOR HAIR	82. HEIGHT	83. WEIGHT		84. MARITAL STATUS DATE (YYYYMMDD)	
	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.)								NOTARY SIGNATURE AND SEAL		
	I certify that _____ is an active duty member of the Army of _____. His/her assignment as _____ began on _____ and is expected to end on or about _____. (Please insert signature block of Military Attache and signature. Affix Embassy Seal to the right.)										
	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.)										
SECTION IV SPONSOR VERIFIED BY	90. SIGNATURE				91. DATE SIGNED (YYYYMMDD) (Date)						
	92. TYPED NAME (Last, First, Middle)			93. PAY GRADE	94. UNIT/COMMAND NAME						
	96. 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)		