

## DATA REPORT ON SPOUSE/COHABITANT

This information is required to determine your access authorization eligibility.  
**PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS REPORT.**

1. Name of Employee or Applicant (Last, First, Middle)	2. Present Name of Spouse/Cohabitant (Last, First, Middle)		
3. Other Names Used by Employee or Applicant (Maiden name and/or other names previously used)	4. Other Names Used by Spouse/Cohabitant (Maiden name and/or all other names previously used)		
5. Social Security Number of Employee or Applicant	6. Social Security Number of Spouse/Cohabitant		
7. Present Mailing Address of Spouse/Cohabitant	8. Date of Birth Spouse/Cohabitant		
	9. Place of Birth of Spouse/Cohabitant (City, State, Country)		
10. Citizenship of Spouse/Cohabitant (complete a. or b. - whichever applies):			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           a. _____ U.S.                  _____ By birth                  _____ Derivative (provide certificate number)                  _____ Naturalization (provide certificate number)                  _____ Certificate Number: _____         </td> <td style="width: 50%; vertical-align: top;">           b. _____ Alien                  _____ Alien registration number                  _____                       List country(ies) where spouse or cohabitant holds citizenship.                  _____         </td> </tr> </table>		a. _____ U.S. _____ By birth _____ Derivative (provide certificate number) _____ Naturalization (provide certificate number) _____ Certificate Number: _____	b. _____ Alien _____ Alien registration number _____ List country(ies) where spouse or cohabitant holds citizenship. _____
a. _____ U.S. _____ By birth _____ Derivative (provide certificate number) _____ Naturalization (provide certificate number) _____ Certificate Number: _____	b. _____ Alien _____ Alien registration number _____ List country(ies) where spouse or cohabitant holds citizenship. _____		
Does your Spouse/Cohabitant hold dual citizenship with any country(ies)?  _____ No _____ Yes. List the country(ies)			
Signature of Employee	DOE File No. (To be filled in by Security Office)		
Date Signed			

## **General Information**

### **Who Should Submit**

This form will be completed by persons who marry or cohabit after the time they submit SF-86, "Questionnaire for National Security Positions," in connection with U.S. Department of Energy (DOE) access authorization (security clearance). The form must be submitted within 45 days of the marriage/cohabitation if the spouse/cohabitant has never held a DOE access authorization. For the purposes of this form a cohabitant is defined as an individual with whom you live, other than a legal spouse, child, or other relative (in-laws, mother, father, brother, sister, etc.), with whom you have a spouse-like relationship or similar bond of affection.

### **General Instructions**

Complete this form in its entirety. Type or print all answers. Enter "none" when applicable. If more space is needed, use the space below. Specific questions may be referred to the local DOE Personnel Security Office that is processing or has processed the request for your DOE access authorization.

### **Privacy Act Information Statement**

Collection of the information requested is authorized by the Atomic Energy Act of 1954, as amended, Section 145b, Executive Orders 10450, 10865, or 12968, and DOE 472.1. The information placed on this form will be used in determining an individual's eligibility for DOE access authorization. Disclosure of the information requested on this form is voluntary; however, if the information is not provided, the request for DOE access authorization will not be processed or DOE access authorization may be administratively terminated. The original and/or copies of this form are maintained in the DOE Personnel Security File (PSF) of the individual processed for DOE access authorization. Access to DOE PSFs is permitted as stipulated in DOE 472.1, "Personnel Security Activities," and as listed in Routine Uses in Appendix B to System of Records, DOE-43, "Personnel Security Clearance Files."

### **OMB BURDEN DISCLOSURE STATEMENT**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information, Records, Management Team, HR-41, U.S. Department of Energy, Washington, DC 20874-1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.