

**SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"**

**ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)?** (*X one*)  **YES**  **NO**

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

**ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.**

**SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"**

1. AIRLINE AND FLIGHT NUMBER	2. DATE OF ARRIVAL (YYYYMMDD)
3. REPATRIATION CENTER	
4. PROCESSING DATE (YYYYMMDD)	5. PROCESSING TIME ( <i>Military</i> )

**SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"**

6. NAME OF EVACUEE ( <i>Last, First, Middle Initial</i> )	
7. COUNTRY EVACUATED FROM	
8. DATE OF BIRTH (YYYYMMDD)	9. PLACE OF BIRTH ( <i>City, State, and Country</i> )
10. COUNTRY OF CITIZENSHIP	
11. GENDER ( <i>X one</i> )	12. SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
13. MARITAL STATUS ( <i>X one</i> )	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	
14.a. PASSPORT NUMBER	b. COUNTRY OF ISSUE
15.a. ALIEN NUMBER	b. COUNTRY OF ISSUE

**SECTION III - EVACUEE IDENTIFYING INFORMATION** (Continued) (Read before completing Items 16 and 23)

(Use these tables to complete Item 16 and Item 23 (Page 7.) Choose all that apply.)

TABLE 1a - U.S. CITIZEN	TABLE 1b - FOREIGN NATIONAL	TABLE 2
<b>CLASSIFICATION NUMBER</b> <b>1a</b> DoD: Service Member <b>b</b> DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent) <b>c</b> DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent) <b>2a</b> DoD: Civilian Employee WITH Transportation Agreement <b>b</b> DoD: Dependent of Civilian Employee WITH Transportation Agreement <b>c</b> DoD: Civilian Employee WITHOUT Transportation Agreement <b>d</b> DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement <b>3a</b> Non-DoD U.S. Government (USG): Employee <b>b</b> Non-DoD USG: Employee Dependent and/or Family Member <b>4</b> Citizen Residing Abroad (Child, Student, Private Business) <b>5</b> Tourist <b>6</b> Citizen on Business-Related Travel <b>7</b> U.S. Government Contractor	<b>CLASSIFICATION NUMBER</b> <b>8</b> Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen) <b>9</b> Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date) <b>10</b> Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.) <b>11</b> Non-U.S. Civilian Employee (Works for U.S. Government) <b>12</b> Citizen of Country Other Than U.S. <b>13</b> Other, None of the Above (Specify)	<b>AGENCY CODE</b> <b>A</b> Army <b>N</b> Navy <b>F</b> Air Force <b>M</b> Marine Corps <b>G</b> Coast Guard <b>D</b> DoD Agency <b>O</b> Other U.S. Government Agency <b>X</b> Not Applicable

<b>16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)</b> (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)		<b>17. NUMBER OF FAMILY MEMBERS WITH YOU</b>									
<table border="1"> <tr> <td>a. CLASSIFICATION NUMBER</td> <td>b. AGENCY CODE</td> </tr> <tr> <td>c. CLASSIFICATION NUMBER</td> <td>d. AGENCY CODE</td> </tr> <tr> <td>e. CLASSIFICATION NUMBER</td> <td>f. AGENCY CODE</td> </tr> </table>	a. CLASSIFICATION NUMBER	b. AGENCY CODE	c. CLASSIFICATION NUMBER	d. AGENCY CODE	e. CLASSIFICATION NUMBER	f. AGENCY CODE	<table border="1"> <tr> <td>ADULTS (Include yourself)</td> <td>CHILDREN (Include all children)</td> </tr> </table>	ADULTS (Include yourself)	CHILDREN (Include all children)	<b>18. NUMBER OF ANIMALS WITH YOU</b> (If applicable)	
a. CLASSIFICATION NUMBER	b. AGENCY CODE										
c. CLASSIFICATION NUMBER	d. AGENCY CODE										
e. CLASSIFICATION NUMBER	f. AGENCY CODE										
ADULTS (Include yourself)	CHILDREN (Include all children)										
	<table border="1"> <tr> <td>DOGS</td> <td>CATS</td> </tr> <tr> <td>BIRDS</td> <td>OTHER</td> </tr> </table>	DOGS	CATS	BIRDS	OTHER						
DOGS	CATS										
BIRDS	OTHER										

**19. EMERGENCY CONTACT IN U.S.**  
(For person named in Item 6 above)

a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)		
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)			

**20. FINAL DESTINATION AND NAME OF POINT OF CONTACT** (If applicable)  
(If same as Item 19, enter "SAME")

a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)		
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)			

**21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS**  
(For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)

a. BRANCH OF SERVICE/DOD AGENCY (X one)						
<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> DOD AGENCY	
b. NAME OF SPONSOR (Remaining in Country) (Last, First, Middle Initial)				c. SSN	d. RANK/GRADE	
e. ORGANIZATION/ADDRESS AND MAJOR COMMAND (Include APO#/FPO#)						

**22. FINAL DESTINATION AND NAME OF ESCORT FOR UNACCOMPANIED MINOR CHILD(REN)**  
(Complete if applicable)

a. NAME OF ESCORT (Last, First, Middle Initial)			b. ADDRESS (Final Destination of Escort) (Street, City, State/Country, ZIP Code)		
c. HOME TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	d. WORK TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	e. CELL TELEPHONE NO. (Final Destination of Escort) (Include Area Code)			

**SECTION III - EVACUEE IDENTIFYING INFORMATION** (Continued)

**23. ACCOMPANYING EVACUEES**

(Fill out for each accompanying person.)

<b>a.(1) NAME</b> (Last, First, Middle Initial)		<b>(2) SSN</b>	<b>(3) DATE OF BIRTH</b> (YYYYMMDD)
<b>(4) GENDER</b> (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>(5) RELATIONSHIP TO PERSON COMPLETING FORM</b> (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
<b>(6) PLACE OF BIRTH</b> (City, State, and Country)		<b>(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)</b> (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item a.(1).)	
<b>(7) COUNTRY OF CITIZENSHIP</b>		<b>(a) CLASSIFICATION NUMBER</b>	<b>(b) AGENCY CODE</b>
<b>(8) PASSPORT NUMBER</b>	<b>COUNTRY OF ISSUE</b>	<b>(c) CLASSIFICATION NUMBER</b>	<b>(d) AGENCY CODE</b>
<b>(9) ALIEN NUMBER</b>	<b>COUNTRY OF ISSUE</b>	<b>(e) CLASSIFICATION NUMBER</b>	<b>(f) AGENCY CODE</b>
<b>b.(1) NAME</b> (Last, First, Middle Initial)		<b>(2) SSN</b>	<b>(3) DATE OF BIRTH</b> (YYYYMMDD)
<b>(4) GENDER</b> (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>(5) RELATIONSHIP TO PERSON COMPLETING FORM</b> (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
<b>(6) PLACE OF BIRTH</b> (City, State, and Country)		<b>(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)</b> (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item b.(1).)	
<b>(7) COUNTRY OF CITIZENSHIP</b>		<b>(a) CLASSIFICATION NUMBER</b>	<b>(b) AGENCY CODE</b>
<b>(8) PASSPORT NUMBER</b>	<b>COUNTRY OF ISSUE</b>	<b>(c) CLASSIFICATION NUMBER</b>	<b>(d) AGENCY CODE</b>
<b>(9) ALIEN NUMBER</b>	<b>COUNTRY OF ISSUE</b>	<b>(e) CLASSIFICATION NUMBER</b>	<b>(f) AGENCY CODE</b>
<b>c.(1) NAME</b> (Last, First, Middle Initial)		<b>(2) SSN</b>	<b>(3) DATE OF BIRTH</b> (YYYYMMDD)
<b>(4) GENDER</b> (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>(5) RELATIONSHIP TO PERSON COMPLETING FORM</b> (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
<b>(6) PLACE OF BIRTH</b> (City, State, and Country)		<b>(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)</b> (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item c.(1).)	
<b>(7) COUNTRY OF CITIZENSHIP</b>		<b>(a) CLASSIFICATION NUMBER</b>	<b>(b) AGENCY CODE</b>
<b>(8) PASSPORT NUMBER</b>	<b>COUNTRY OF ISSUE</b>	<b>(c) CLASSIFICATION NUMBER</b>	<b>(d) AGENCY CODE</b>
<b>(9) ALIEN NUMBER</b>	<b>COUNTRY OF ISSUE</b>	<b>(e) CLASSIFICATION NUMBER</b>	<b>(f) AGENCY CODE</b>
<b>d.(1) NAME</b> (Last, First, Middle Initial)		<b>(2) SSN</b>	<b>(3) DATE OF BIRTH</b> (YYYYMMDD)
<b>(4) GENDER</b> (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>(5) RELATIONSHIP TO PERSON COMPLETING FORM</b> (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
<b>(6) PLACE OF BIRTH</b> (City, State, and Country)		<b>(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S)</b> (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item d.(1).)	
<b>(7) COUNTRY OF CITIZENSHIP</b>		<b>(a) CLASSIFICATION NUMBER</b>	<b>(b) AGENCY CODE</b>
<b>(8) PASSPORT NUMBER</b>	<b>COUNTRY OF ISSUE</b>	<b>(c) CLASSIFICATION NUMBER</b>	<b>(d) AGENCY CODE</b>
<b>(9) ALIEN NUMBER</b>	<b>COUNTRY OF ISSUE</b>	<b>(e) CLASSIFICATION NUMBER</b>	<b>(f) AGENCY CODE</b>

**NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.**

**SECTION III - EVACUEE IDENTIFYING INFORMATION (SERVICES) (Continued)**

24. IF NO SERVICES ARE NEEDED, X THIS BLOCK 

25. SERVICES NEEDED *(X all that apply)*

	CLOTHING		
	HOUSING		PERMANENT
			TEMPORARY
	MEDICAL		
	DOD INFORMATION		
	DOD LEGAL SERVICES		
	CHILD CARE		
	FEDERAL CIVILIAN PERSONNEL ASSISTANCE		
	LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS		
	TRANSPORTATION TO ONWARD DESTINATION		
	FINANCIAL ASSISTANCE		
	MENTAL HEALTH		
	GENERAL INFORMATION		
	CHAPLAIN ASSISTANCE		
	FUNERAL ASSISTANCE		
	DOD RELOCATION INFORMATION		
	TRANSLATOR <i>(Indicate language)</i>		
	OTHER <i>(Specify)</i>		

26. ADDITIONAL REMARKS

**STOP HERE.**



