



Add the Survivor information or update existing Survivor information. Ensure all the required fields are filled in.

Create New Survivor

* Required Fields

Survivor Details

Prefix First Name * Middle Name Last Name * Suffix

Preferred Name Date of Birth *

Note

Relation to Service Member *

Relation to Service Member Other Explanation

Survivor is Primary Next of Kin

Yes No

Survivor is Child/Minor

Yes No

Survivor is Deceased

Yes No

Military Status * Service Branch Service Rank Component Code

Vehicle Decal Number Vehicle Decal Issue Date

Gold Star Card Number Gold Star Card Issue Date

Contact Information

OK To Contact Yes No

Primary Phone Number * Primary Phone Type

Alternate Phone Number Alternate Phone Type

Email

Home Address

Address 1 Address 2

City Zip Country *

State * County (for State) *

Foreign CAC

Foreign CAC

Mailing Address

Only enter a mailing address if it is different from the home address.

Address 1 Address 2

City Zip Country

State