



- 1 Relationship Type
- 2 Identity
- 3 Questions
- 4 Required Documents
- 5 Contact Information
- 6 Privacy Act
- 7 Summary and Confirmation

Requirements for Nominating a Family Member



Identity Information

You will need to provide information to establish the identity of the family member you are nominating. This information includes full name, personal identifier number (if available), date of birth, and sex.



Documentation

You will need to provide document information that proves the eligibility of the family member you are nominating. The information will vary depending on your relationship to the family member, and may include information related to a marriage certificate (spouse), dependency documentation (parent), or a certificate of birth or adoption (child). After nomination, the original documents must be presented at a RAPIDS ID Card Office to complete the verification process.

[NOMINATE A CHILD](#)[NOMINATE A SPOUSE](#)[NOMINATE A PARENT](#)[CANCEL](#)



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Name:

Relationship Type:

child

Create New Child Beneficiary Step 1:

You are nominating a new **CHILD** beneficiary. The form below will help you select the correct relationship type and document(s) needed.

Beneficiary Name

First Name:

Middle Name:

Last Name: *

Name Suffix:

Personal Identification Type: *

Personal Identifier Number (Ex: 123456789): *

Middle Name:

Last Name: *

Name Suffix:



Personal Identification Type: *



Personal Identifier Number (Ex: 123456789): *

Confirm Personal Identifier Number (Ex: 123456789): *

Date of Birth (YYYY-MM-DD): *

YYYY-MM-DD *



Child's Sex: *



CANCEL

BACK

CONTINUE

Last Name: *

Elliott

Name Suffix:



Personal Identification Type: *

Social Security Number

Foreign Identification Number

Individual Taxpayer ID Number

Confirm Personal Identifier Number (Ex: 123456789): *

Date of Birth (YYYY-MM-DD): *

YYYY-MM-DD *



Child's Sex: *



CANCEL

BACK

CONTINUE



Name:

James Elliott

Relationship Type:

child

Is this individual your biological child? *

Yes

No

Were you married to the mother at the time of birth? *

Yes

No

A "child" beneficiary with relationship type "Child" needs the documents listed below:

If you do not have the required documents, but you believe that this family member is eligible for DoD benefits and/or an identification card, please contact a RAPIDS ID Card Office for assistance.

Certificate of Birth (ONE OF): *

Birth Certificate: Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal

Certificate of Live Birth

Consular Report of Birth Abroad (FS-240)

Certification of Birth Abroad (Form FS-545 or Form DS-1350): Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

CANCEL

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Name:
James Elliott

Relationship Type:
child

Birth Certificate

Document Serial/Identity Number: *

Serial Number/Identification Number is Required

Document Issue Date (YYYY-MM-DD):



Country of Issuance: *



State of Issuance: *



County/City of Issuance:

CANCEL

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CONTINUE

Name:
James Elliott

Relationship Type:
child

Contact Information

* Indicates Required Fields

Residential Address

Same as Sponsor's Residential Address

Country: * United States

Address Line 1: *

Address Line 2:

City: *

State: *

Zip Code: *

Mailing Address

Same as Residential Address

Country: * United States

Address Line 1: *

Address Line 2:

City: *

State: *

Zip Code: *

Telephone

Home:

Mobile:

Personal Email

Do you consent to having the DoD or VA email notifications to you regarding your benefits?


Yes No



- Relationship Type
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Name:
James Elliott

Relationship Type:
child

 **Please Read Carefully**
Read the Privacy Act Statement and acknowledge you understand how your data may be used and your responsibility for providing accurate data that may affect DoD benefits and entitlements.

Privacy Act

AUTHORITY
5 U.S.C section 301; 10 U.S.C. chapter 147; 10 U.S.C. Sections 1061-1065, 1072-1074, 1074a - 1074c(1), 1076, 1076a, 1077, 1095(k)(2); 50 U.S.C. chapter 23; E.O. 10450, as amended.

PRINCIPAL PURPOSE(S)
To apply for and enroll in the Defense Enrollment Eligibility System (DEERS) for DoD benefits and privileges include, but are not limited to, medical coverage, DoD Identification Cards, access to DoD installations, buildings or facilities, and access to DoD computer systems and networks.

ROUTINE USE(S)
To Federal and State agencies and private entities; individual providers of care, and other, on matters relating to claim adjudication, program abuse, utilization review; professional quality assurance; medical peer review, program integrity, third party liability, coordination of benefits and civil and criminal litigation, and access to Federal government and contractor facilities, computer systems, networks, and controlled areas. The DD Form 1172-2 currently covers the RUs that would include retirees and dependents. To the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration, and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program. For a complete list of DEERS routine uses, visit:

<http://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/627618/dmdc-02.dod.aspx>

Applicant information is subject to computer matching within the Department of Defense or with other Federal or non-Federal agencies. Matching programs are conducted to assure that an individual eligible under a Federal program is not improperly receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed.

DISCLOSURE

CANCEL

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I AGREE

Relationship Type:
child

Summary

Please review the information you have entered. If everything is correct, please press the Save and Proceed button to conclude the nomination process with the generation and signing of the Application for Identification Card/DEERS Enrollment (DD Form 1172-2).

James Elliott

Social Security Number: [REDACTED]

Sex: M

Birth Date: 01 Jan 2012

Residential Address:

1234 Main Street
Fairfax VA US 20110

Mailing Address:

1234 Main Street
Fairfax VA US 20110

Phone:

Email:

Documents

Document Name

Birth Certificate

Document ID

12345678

Issuance Date

1/13/2012

Issuance Location

AL, US

Your DoD logon will be used to digitally sign the Application for Identification Card/DEERS enrollment (DD Form 1172-2). The signed form will then be saved for use when the family member enrollment process is completed.

You are nominating a Child. It is often the case that sponsors with a Child also have a spouse, but you have no spouse listed. To add one, complete this nomination and then begin a new nomination for your spouse.

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SAVE AND PROCEED

Current Task: Select Form to Print

Task For: Campbell, Soup Company; SSN: [REDACTED]

- Steps: (1 of 7)
- Select Forms
 - Select Personnel Status
 - Generate DD Form 1172-2 Data
 - Adjust Expiration Date
 - Remarks
 - View/Edit PDF
 - Summary

Select a form:

- DD Form 1172-2
- DD Form 2841
- DD Form 2842

Form Options

Generate my Form:

- With blank fields
- Fields populated from existing data within DEERS

Social Security Number: [REDACTED]

- With Sponsors Address being Printed
- With Default Remarks Added

Current Verifying Official: : Van Dalinda, ENRIQUE ZACHARY Edit...

Contact Email:	Contact Number:
steven.k.ziegler2.ctr@mail.mil	703 897-9082

Current Issuing Official: : Van Dalinda, ENRIQUE ZACHARY Edit...

Contact Email:	Contact Number:
steven.k.ziegler2.ctr@mail.mil	703 897-9082

Instructions Error(s)

Select a form to print and choose from the options.

Current Task: Select Personnel Status

Task For:

Campbell, Soup Company; SSN:

Steps: (2 of 7)

Select Forms

Select Personnel Status

Generate DD Form 1172-2 Data

Adjust Expiration Date

Remarks

View/Edit PDF


Summary

Select sponsor's appropriate Personnel Status for the DD Form 1172-2 you would like to create?


Choose a Personnel Status

Status: [Category] + {Condition}	Begin Date	End Date	
• [Active Duty]	2020MAY21	2030MAY21	✓

View Benefits Details

 Instructions Error(s)

getNavigationInstructions for Intro

 Help

Cancel

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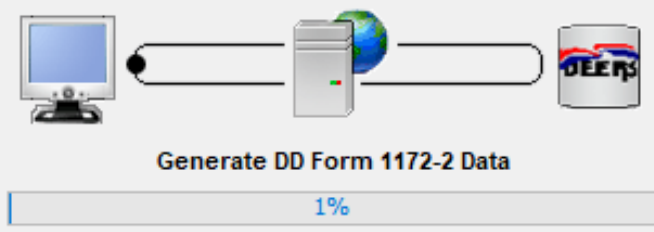
Summary

Current Task: Generating the DD Form 1172-2 data

Task For: Campbell, Soup Company; SSN: [REDACTED]

Steps: (3 of 7)

- Select Forms
- Select Personnel Status
- Generate DD Form 1172-2 Data**
- Adjust Expiration Date
- Remarks
- View/Edit PDF
- Summary



i Instructions **x** Error(s)

Requesting the DD Form 1172-2 data from the server.

Current Task: Adjust expiration dates of id cards of family members

Task For: Campbell, Soup Company; SSN:

Steps: (4 of 7)

- Select Forms
- Select Personnel Status
- Generate DD Form 1172-2 Data
- Adjust Expiration Date
- Remarks
- View/Edit PDF
- Summary

Adjust the Card Expiration Date

Name	Date of Birth	Relationship	Original	Adjusted Date	Reason
Campbell, Soup Company	2000MAY21	Sponsor	2029MAY26	2029MAY26 <input type="text"/>	<input type="text"/>

Instructions **Error(s)**

You can adjust the system generated expiration date for the following person(s).After adjusting the date, please select the reason (using the drop-down list) for changing the date.

Help

Cancel

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Next >

Summary

Current Task: Select Remarks

Task For: Campbell, Soup Company; SSN: [REDACTED]

- Steps: (5 of 7)
- Select Forms
- Select Personnel Status
- Generate DD Form 1172-2 Data
- Adjust Expiration Date
- Remarks**
- View/Edit PDF
- Summary

What remarks would you like to appear on the Form 1172-2 Field 21?

Remarks [v]

Frequency	Remark Text	Type	#
0	Birth certificate	Default	1
0	Divorce Decree	Default	2
0	Adoption Decree	Default	3
0	Disallowance letter from Social Security Administration	Default	4
0	Statement of service	Default	5

Edit Above Remark(s) ▾ Insert Remark(s) Below

Selected Remarks (appearing on field #21) Remaining Characters: 1000

Clear All Remarks

Instructions Error(s)

Select the remarks to include on the form being created

Current Task: Select Remarks

Task For: Campbell, Soup Company; SSN: XXXXXXXXXX

- Steps: (5 of 7)
- Select Forms
 - Select Personnel Status
 - Generate DD Form 1172-2 Data
 - Adjust Expiration Date
 - Remarks**
 - View/Edit PDF
 - Summary

What remarks would you like to appear on the Form 1172-2 Field 21?

Remarks ▼

Frequency	Remark Text	Type	#
0	Birth certificate	Default	1
0	Divorce Decree	Default	2
0	Adoption Decree	Default	3
0	Disallowance letter from Social Security Administration	Default	4
0	Statement of Service	Default	5

Selected Remarks (appearing on field #21) Remaining Characters: 982

Birth certificate;

Instructions **Error(s)**

Select the remarks to include on the form being created

- Steps: (6 of 7)
- Select Forms
 - Select Personnel Status
 - Generate DD Form 1172-2 Data
 - Adjust Expiration Date
 - Remarks
 - View/Edit PDF**
 - Summary

Navigation icons: Print, Back, Forward, Home, Refresh, Zoom (100%), Search, and other utility icons.

CUI (when filled in) (Updated 20250721)

APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT

Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

OMB No. 0704-0415
OMB approval expires
05/31/2026

SECTION I - SPONSOR/EMPLOYEE INFORMATION										
1. NAME (Last, First, Middle) CAMPBELL, SOUP C			2. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F		3. SSN OR DoD ID NO. DoD#1009291381		4. STATUS Active Duty		5. ORGANIZATION USA	
6. PAY GRADE E2		7. GEN. CAT I	8. CITIZENSHIP USA			9. DATE OF BIRTH (YYYYMMDD) 20000521		10. PLACE OF BIRTH		
11. CURRENT HOME ADDRESS 400 RODMAN AVE				12. CITY JENKINTOWN		13. STATE PA	14. ZIP CODE 19046-2119		15. COUNTRY USA	
16. PRIMARY EMAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications			17. TELEPHONE NUMBER (Include Area Code/DSN)		18. CITY OF DUTY LOCATION		19. STATE OF DUTY LOCATION		20. COUNTRY OF DUTY LOCATION	
SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS										
21. REMARKS (Cite legal documentation, as applicable.) Birth certificate;							NOTARY SIGNATURE AND SEAL			
<p>BY SIGNING BELOW: I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. I acknowledge that ALL changes to mine or my dependent(s) eligibility must be reported within 30 days of the change. Should I neglect to report changes, I and/or my dependent(s) may be held responsible for recoupment for any accrued healthcare costs. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)</p>										
22. SPONSOR/EMPLOYEE SIGNATURE							23. DATE SIGNED (YYYYMMDD)			
SECTION III - AUTHORIZED BY										
24. SPONSORING OFFICE NAME							25. CONTRACT NUMBER			
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)				27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)		28. OFFICE EMAIL ADDRESS		29. OVERSEAS ASSIGNMENT (Country)		
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)			31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)		32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)		33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)			
<p>I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.</p>										
34. SPONSORING OFFICIAL NAME (Last, First, Middle)					35. UNIT/ORGANIZATION NAME					
36. TITLE			37. PAY GRADE		38. SIGNATURE		39. DATE VERIFIED (YYYYMMDD)			
SECTION IV - VERIFIED BY										
40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial) VAN DALINDA, ENRIQUE ZACHARY			41. SITE IDENTIFICATION 175531		42. TELEPHONE NUMBER (Include Area Code/DSN) 703 897-9082		43. SIGNATURE			

i Instructions **✖** Error(s)

Use the controls at the top and bottom of the window to navigate or print the PDF. Then click **Finish** to continue.

MP ICAM screenshot of support library to 1172-2

Support

Documents

Contact Information

Name

Description

Size

Forms

DD1172-2.pdf

DD Form

74

1172-2

KB