



DEPARTMENT OF THE NAVY

COMMANDER TRAINING AIR WING SIX
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PENSACOLA, FLORIDA 32508-5509

COMTRAWINGSIXINST 1771.1D

N1

21 Jun 16

COMTRAWING SIX INSTRUCTION 1771.1D

From: Commander, Training Air Wing SIX

Subj: PRIMARY NEXT OF KIN (PNOK) PERSONAL DATA FORMS

Encl: (1) Personnel Emergency Data Form
(2) Civilian Personnel Emergency Data Form

1. Purpose. To promulgate procedures for submission of PNOK Personal Data Forms for Training Air Wing SIX personnel.
2. Cancellation. COMTRAWINGSIXINST 1771.1C.
3. Discussion. Commander, Training Air Wing SIX will act as notification authority and assist the PNOK for staff personnel, and Squadron Commanding Officers, in cases of death, injury, missing or prisoners of war. To ensure timely and efficient service is rendered, the completion of enclosure (1) is mandatory for military personnel and enclosure (2) is voluntary for civilian personnel. Forms will be sealed in an envelope and opened only in cases listed above.
4. Action
 - a. Member completes the form and seals it in the provided envelope with the name and return address on the outside of the envelope. Print the words "EMERGENCY DATA" on the envelope, and return it to the Administrative Officer for safekeeping.
 - b. Training Air Wing SIX Administrative Officer will retain all staff PNOK forms for staff personnel. Forms will be updated as changes occur.
 - c. Squadron Commanding Officers will retain all primary next of kin forms for their personnel and update as changes occur.
5. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.
6. Review and Effective Date. Per OPNAVINST 5215.17A, the Administrative Officer will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority

COMTRAWINGSIXINST 1771.1D
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using OPNAV 5215/40 Review of Instructions. This instruction will automatically expire five years after effective date unless reissued or canceled prior to the five-year anniversary date, or an extension has been granted.



EDWARD L. HEFLIN

Distribution:

This instruction is cleared for public release and is available electronically only via TW-6

Website: <https://www.cnatra.navy.mil/tw6/>

21 Jun 16



TRAINING AIR WING SIX

EMERGENCY DATA SHEET

SERVICEMEMBER NAME: _____

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. S301, 10 U.S.C. S6161; 10 U.S.C. S2774

PURPOSE: TO ASSIST IN THE MANAGEMENT, SUPERVISION, AND ADMINISTRATION OF PERSONAL SERVICES, BENEFITS, AND ENTITLEMENT FOR NAVY SERVICEMEMBERS AND THEIR DEPENDENTS.

ROUTINE USES: IN ADDITION TO BEING USED WITHIN THE DEPARTMENT OF THE NAVY AND DEPARTMENT OF DEFENSE FOR THE PURPOSE INDICATED ABOVE, INFORMATION FROM THE EMERGENCY DATA SHEET MAY BE RELEASED TO OFFICIALS AND EMPLOYEES OF THE VETERANS ADMINISTRATION IN THE PERFORMANCE OF THEIR OFFICIAL DUTIES RELATED TO THE ELIGIBILITY, NOTIFICATION, AND ASSISTANCE IN OBTAINING BENEFITS BY MEMBERS, TO OFFICIALS AND EMPLOYEES OF NAVY RELIEF AND AMERICAN RED CROSS IN THE PERFORMANCE OF THEIR DUTIES RELATED TO ASSISTANCE OF THE MEMBERS, THEIR DEPENDENTS AND RELATIVES, TO STATE AND LOCAL GOVERNMENT AGENCIES IN THE PERFORMANCE OF THEIR OFFICIAL DUTIES RELATED TO ASSISTANCE OF MEMBERS AND THEIR DEPENDENTS; TO NON-GOVERNMENT AGENCIES ONLY TO ASSIST MEMBERS AND THEIR DEPENDENTS, WHEN REQUIRED BY FEDERAL STATUE, BY EXECUTIVE ORDER, OR BY TREATY, PERSONAL RECORD INFORMATION WILL BE DISCLOSED TO THE INDIVIDUAL, ORGANIZATION, OR GOVERNMENT AGENCY AS NECESSARY.

MANDATORY OR VOLUNTARY DISCLOSURE: NAVY MEMBERS MUST PROVIDE THEIR IDENTIFICATION DATA, NAMES AND ADDRESSES OF NEXT OF KIN. PROVIDING ALL OTHER INFORMATION IS VOLUNTARY. IF YOU DO NOT PROVIDE ALL THE INFORMATION REQUESTED, MILITARY PERSONNEL RESPONSIBLE FOR ASSISTING YOU AND YOUR DEPENDENTS IN THE EVENT OF AN EMERGENCY

WILL HAVE GREATER DIFFICULTY IN ASSISTING IN PROVIDING BENEFITS AND ENTITLEMENT.

DATE: _____ SIGNED: _____

1. Servicemember and Spouse/Next of kin

a. Servicemember's name: _____

Rank/Rate: _____

b. Spouse's/Next of kin name: _____

c. Home address: _____

Spouse's/Next of kin address: _____ (if different from servicemember)

d. Give explicit directions to your home:

e. Home telephone number: _____

f. If spouse/Next of kin works, who is their employer: _____

(1) Work telephone number: _____

(2) Work address: _____

(3) Work shift hours: _____

g. Religion and church affiliation:

(1) Servicemember: _____

(2) Spouse/Next of kin: _____

h. Spouse's/Next of kin weekly routine:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____
Friday _____
Saturday _____
Sunday _____

(i.e., does she/he regularly go somewhere everyday or one day a week?)

2. CACP (Casualty Assistance Calls Program)

a. CACO (Casualty Assistance Calls Officer):

Consideration must be given to the availability of persons named; for example, deployments, transfers, or retirement. Husband and wife should discuss their choices and request permission of those named.

NAME/COMMAND/PHONE (work/home/cell)

1ST _____

2ND _____

3RD _____

b. In the event of serious injury or death to the servicemember, who do you (spouse) wish to accompany the Navy representative when the initial visit is made (i.e., friend, local relative)?

NAME/ADDRESS/PHONE (work/home/cell)

1ST _____

2ND _____

3RD _____

Is there anyone you (spouse) do NOT want to see at this time? YES/NO

(1) _____

(2) _____

c. Would you (spouse) like to have a clergyman/chaplain present during notification?
YES/NO

If a specific clergyman is desired, please give name and church.

d. Do you (spouse) or a member of your family have a medical problem that may require a physician during notification? YES/NO

If so what? _____

e. Names of friends or relatives in the local area who you (spouse) want notified first after the arrival of the official party.

(1) NAME/PHONE_(work/home/cell)_____

(2) NAME/PHONE_(work/home/cell)_____

(3) NAME/PHONE_(work/home/cell)_____

Can they be of help? YES / NO

f. Are there any elderly dependents residing at your home address or at a nearby convalescent home? YES / NO

NAME RELATIONSHIP ADDRESS

Can they be of help? YES / NO

g. Parents and In-Laws

(1) Servicemember's parents: _____

Address: _____

Phone(work/home/cell): _____

(2) Servicemember's close relatives:

NAME/ADDRESS/PHONE (work/home/cell)

(3) Spouse's parents: _____

Address: _____

Phone (work/home/cell): _____

(4) Spouse's close relatives:

NAME/ADDRESS/PHONE (work/home/cell)

h. How would you (servicemember) like/want your parent(s) or next of kin to be notified?

(1) Local military representative in their area? YES / NO

(2) A telephone call from your spouse? YES / NO / NA

(3) A telephone from some other local source? YES / NO

(i.e., Chaplain, CO, friend)

If so, who? Give name, address, and phone.

(4) A personal visit from another family member, clergyman, or friend in their area? YES / NO

If so, who? (Name, address, phone and relationship to parents)

i. How would you (spouse) want your parent(s) or next of kin to be notified?

(1) Local military representative in their area? YES / NO

(2) A telephone call from your spouse? YES / NO

(3) A telephone call from some other local source?

YES / NO (i.e., Chaplain, CO, CO's wife, friend)?

If so who? Give name, address and phone.

(4) A personal visit from another family member, clergyman, or friend in their area? YES / NO

If so, who? Give name, address phone and relationship to parents.

j. Are there any medical considerations that would requires a physician during notification?
YES / NO

(i.e., heart, hearing or seeing problems, high blood pressure)

If there is a problem, be specific about what it is, which parent and include any information you consider valuable (i.e., the name of the family physician, clergyman).

3. Children

NAME/AGE/SCHOOL/GRADE

a. Are children bused to school? YES / NO (Give bus number)

b. Are children in a car pool? YES / NO

Names and phone numbers of people in car pool.

c. Names of children (if out of area), school, address and phone.

NAME/AGE/SCHOOL/GRADE

d. Children's babysitter(s) (daily or frequent sitters):

NAME/ADDRESS/PHONE/HOURS

e. List any special medical conditions of the children that those providing assistance should be aware of (i.e., allergies, allergy shots, insulin therapy, physical therapy):

f. Who do you wish to have temporary care of children?

NAME/ADDRESS/PHONE

g. If both you and your spouse should be in an accident while your children are in the care of another, are there any immediate wishes for their care? YES / NO

h. Would you want your children to remain with the babysitter or would you prefer to have a friend called to stay with them until a relative arrives?

i. Any important information that should be known (*i.e.*, a favorite toy, favorite foods)?

4. Additional Pertinent Information

a. In case of death of both husband and wife or single Servicemember:

(1) Location of Will and Testament (be specific):

(2) If personal effects are located other than in a personal residence, list effects and location.

b. Who has access/key to your home?

c. Pets? YES / NO

(1) Type and name:

(2) Location_____

(3) Feeding habits_____

(4) Boarding instructions _____

(5) Veterinarian _____

5. Cars (give make, color, year, state license number and storage location if applicable):

If you (spouse) plan any extended trips away from home, while the servicemember is away from the local area it will be to your advantage to ensure that the CO's or XO's spouse has the following information:

Departure/return dates, mode of travel/flight number, license plates/description of your car/route, address/phone numbers of potential visits/duration, who has key to home/access?

21 Jun 16

CTW-6 CIVILIAN PERSONNEL
EMERGENCY DATA SHEET (VOLUNTARY)

(NAME: FIRST/MIDDLE/LAST) (MALE/FEMALE) (HOME PHONE)

MEDICAL CONDITIONS: _____ BLOOD TYPE: _____

ALLERGIES: _____ MEDICATIONS(S): _____

DOCTOR: _____ PHONE: _____
(FIRST/LAST)

HOSPITAL: _____ PHONE: _____

RELIGION: _____ CLERGY NAME: _____ PHONE: _____

NOTIFY:

(FIRST/MI/LAST NAME) (RELATIONSHIP)

(ADDRESS/CITY/STATE) (HOME PHONE) / (WORK PHONE)

(FIRST/MI/LAST NAME) (RELATIONSHIP)

(ADDRESS/CITY/STATE) (HOME PHONE) / (WORK PHONE)

PRIVACY ACT STATEMENT

Authority to request this information is derived from United States Code 311, Departmental Relations. The principal purpose of the information requested is to enable competent authority to notify the next of kin in the event of death or serious injury. Completion of this form is completely voluntary; failure to provide required information may result in undue delay if notification of the next of kin becomes necessary. This document does not become a permanent part of an official record.

(Signature)