SAMPLE

DEPENDENCY APPLICATION (1751)
NAVMC 10922 (REV. 4-01) (EF)
(Supersedes all previous editions which are obsolete and will not be used)
SN: 0109-LF-984-9800

INSTRUCTIONS
WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET

DATE OF APPLICATION: 20010609

REASON FOR THIS APPLICATION (CHECK ONE): **G**

CHANGE IN DEPENDENTS (Check one)
[ ] START [ ] CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION [X] GAIN

SECTION 1. INTERGATION

NAME OF MARINE (Last, first, middle)	SSN	GRADE	TYPE OF SERVICE
MARINE, ALONZO DEAN		SGT	[X] USMC [ ] USMCR

ORGANIZATION AND STATION PREPARING THIS APPLICATION	UNIT RUC	DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)
1ST BN 6TH MARINES 2D MARDIV FMFLANT CAMP LEJEUNE NC 28547	12160	000613
FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS	ECC: 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY

SECTION 2 DEPENDENT INFORMATION

NO.	NAME OF DEPENDENT (Include full given name)	COMPLETE ADDRESS (Include Zip Code)	RELATIONSHIP (If child, indicate step, adopted, ward or born out of wedlock)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM (If previously approved, give date of approval)
1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	Prev 19980814
2	JILL ELISE CASSELL	400 1ST STREET TWENTYNINE PALMS CA 92278	DEPENDENT DAUGHTER	08062000	20010608
3					
4					
5					
6					

SECTION 3 CUSTODIAN INFORMATION

Furnish the following information concerning custodian of any dependent named above.

DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE
2	HEATHER FAY CASSELL	MOTHER	SAME AS ABOVE

SECTION 4 MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY

INFORMATION CONCERNING PRESENT MARRIAGE

DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?
19980814	RENO NV	TONYA CAROL GRAY	[X] NO [ ] YES [ ] NO OF TIMES	[X] NO [ ] YES [ ] NO OF TIMES

IF EITHER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED BELOW.

INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)

FORMER MARRIAGE OF (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR-SELF	SPOUSE				DEATH	ANNULMENT	DIVORCE

IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?

[ ] NO

[X] YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

20010608 ONSLOW COUNTY NORTH CAROLINA (DATE COURT ORDER WAS FILED)

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

Figure 2-2a - Sample Format of a NAVMC Form 10922 for a Married Marine with Authorized Dependents When an Additional Dependent Child Is Added, and Who Does Not Live in the Household Maintained by the Marine.

SAMPLE

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NAME OF MARINE (Last, first, middle)
MARINE, ALONZO DEAN

SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES

HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?

[X] NO

[ ] YES IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren).

SECTION 6 SPOUSE IN ARMED FORCES

HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?

[ ] NO

[ ] YES. IF YES, COMPLETE THE BLOCKS BELOW.

SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
		[ ] REGULAR [ ] RESERVE			[ ] WITH DEPENDENTS [ ] WITHOUT DEPENDENTS [ ] BAH DIFF

SECTION 7 CERTIFICATION

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

(Signature of Marine) (Social Security Number) SGT (Grade)

Subscribed and sworn before me this 10 day of June 01

(Signature and Title of attesting officer)

[X] Document Viewed (List and attach all documents viewed)

T. J. STEWART, CWO2, USMC, PERSO
(Type Name grade of attesting officer)

SECTION 8 APPROVING AUTHORITY

FOR USE BY COMMAND APPROVING AUTHORITY:

[X] APPROVED AS CLAIMED

[ ] FORWARDED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS

[ ] APPROVED FOR DEPENDENT NUMBERS:

[X] APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11 CHECK ONE

[ ] CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order

[X] COURT ORDER

(Signature of commanding officer)

JOHN A. MAY, MAJOR
(Typed name and grade of commanding officer)

1STBN 6THMAR 2DMARDIV FMFLANT
(Unit Designation)

FOR USE BY UNIT DIARY CLERK:

REPORTED ON UNIT DIARY:

NO.

DATED

RUC

ENTRIES REPORTED:

(Ensure the proper diary action taken is recorded)

FOR USE BY CMC APPROVING AUTHORITY:

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

Figure 2-2b - Sample Format of a NAVMC Form 10922 for a Married Marine with Authorized Dependents When an Additional Dependent Child Is Added, and Who Does Not Live in the Household Maintained by the Marine.