

FAMILY INFORMATION FORM BEACHMASTER UNIT ONE

The following will only be used by the Command Ombudsman to facilitate dialogue, during emergencies, or as needed. It is vital that the Ombudsman have your most current contact information. All information shared is completely confidential. Please return the completed form to BMU-1 Admin as soon as possible. **Thank you very much!**

Service Member's Name:		Rank/Rate:	
Dept/Division:		Work Phone#: ()	
How long have you been in the Navy?		Are you new to the San Diego area?	
		YES NO	
Your Mailing Address:			
City, State, Zip:			
Spouse's Name (if applicable):			
Spouse's Mailing Address (if different from above):			
City, State, Zip:			
Phone Numbers	Home: ()		Cell: ()
	Work: ()		Other: ()
Your Email:	Do you want command and resource information via the Email Tree?		YES NO
Spouse's Email:	Would you like this address added to the Email Tree?		YES NO
If you have children, what are their names/gender/ages?			
Primary Emergency Point of Contact		Name/Phone/Address:	
Secondary Emergency Point of Contact		Name/Phone/Address:	
<i>Unless you indicate otherwise, newsletters will be mailed to you and your spouse (if applicable). Please list anyone else you would like command information and newsletters sent to (example: Parents, siblings):</i>			
Name:		Mailing Address:	
Email:		City, State, Zip	
Name:		Mailing Address:	
Email:		City, State, Zip	
<i>If at any time you would like to add someone to this list, please contact your Ombudsman.</i>			
<i>I authorize the Ombudsman to use this information for official purposes only. I understand <u>all</u> information is confidential.</i>			
Signature:			Date:
If this information changes, please contact your Ombudsman: (619)818-0950 (cell), (619)615-8593 (careline), ombudsmanbmu1@hotmail.com			

