



# USS BLUE RIDGE (LCC 19) FAMILY INFORMATION FORM

PRIVACY ACT STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST BLUE RIDGE'S OMBUDSMEN IN PERFORMANCE OF THEIR DUTIES COMPLETION OF THIS FORM IS VOLUNTARY, HOWEVER, IF NOT COMPLETED, VALUABLE INFORMATION PERTAINING TO OUR SHIPS SCHEDULE AND UPDATES, INFORMAL SPOUSE GATHERINGS, CHILD CARE INFORMATION, JOB OPPORTUNITIES, UPDATES ON BASE POINT OF CONTACTS, AND INFORMATION ON SPECIAL EVENTS WILL NOT BE PROVIDED.

This form will be maintained in the Ombudsman's files for contact purposes and will not be disclosed to anyone without your permission.

**After completion, mail to:**  
**Command Family Ombudsman, PSC 473 Box 2072, FPO AP 96349**

## SPONSOR

Name: \_\_\_\_\_

Social Security Number (Optional): \_\_\_\_\_

Rate/Rank: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Rotation Date: \_\_\_\_\_

Email: \_\_\_\_\_

## SPOUSE

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Spouse's E-mail Address: \_\_\_\_\_

Spouse's Location (Stateside, Japan, Other) \_\_\_\_\_

Spouse's Primary Language: \_\_\_\_\_

Spouse's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Spouse's House Address: \_\_\_\_\_

\_\_\_\_\_

(OVER)

**CHILDREN**

Name: _____	Birthday: _____

**FAMILY ADDRESSES FOR BLUE RIDGE NEWSLETTER AND/OR E-MAILS (OPTIONAL)**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City /State /Zip code: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City /State /Zip code: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City /State /Zip code: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_