

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
RECORD OF EMERGENCY DATA

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and to designate beneficiaries for certain benefits if you die. **IT IS YOUR RESPONSIBILITY** to keep your Record of Emergency Data up to date to show your desire as to which beneficiaries will receive certain death payments, and changes to your family or other dependents status; for example, as a result of marriage, civil court action, death, or address change.

Regarding Item 10, "ALLOTMENT IF MISSING", please read the following statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

(Signature of Servicemember)

1. NAME (LAST, FIRST, MIDDLE)		2a. SSN	b. CURRENT DUTY STATION
3a. SPOUSE NAME		b. ADDRESS (Include Zip Code)	
4a. CHILDREN NAME(S)	b. RELATIONSHIP	c. DATE OF BIRTH	d. ADDRESS (Include Zip Code)
5a. FATHER'S NAME	b. ADDRESS (Include Zip Code)		
6a. MOTHER'S NAME	b. ADDRESS (Include Zip Code)		
7a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		
8a. BENEFICIARY(IES) FOR DEATH GRATUITY (If no surviving spouse or child)		b. ADDRESS (Include Zip Code)	c. PERCENTAGE
9a. BENEFICIARY(IES) FOR UNPAID PAY / ALLOWANCES		b. ADDRESS (Include Zip Code)	c. PERCENTAGE
10. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING (Subject to Secretarial determination)			
11. INSURANCE (SGLI and other Insurance Companies / Policy Numbers)		a. INSURANCE COMPANIES / POLICY NUMBERS	
12. CONTINUATION / REMARKS			
PRIVACY ACT STATEMENT:			
<p>Authority – 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).</p> <p>Principal Purpose(s) - This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.</p> <p>Routine Uses(s) - None</p> <p>Disclosure - Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.</p>			
13. Signature of Servicemember (Include rank)		14. Signature of Witness (Include rank, rate, or grade)	15. Date Signed:

INSTRUCTIONS FOR PREPARING NOAA FORM 56-14

All entries explained below are for electronic or typewriter completion, except those specifically noted. If computer or typewriter is not available, print in black or blue-black ink insuring a legible image. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 12, "Continuations", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 12" should be included in the item pertaining to the particular next of kin. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. When the space for a particular item is insufficient, insert "See #12" and continue the information in Item 12. Also see preparation instructions for Item 12.

ITEM 1. Member's full last name, first name, middle name.

ITEM 2a. Member's social security number (SSN).

ITEM 2b. Member's current duty station.

ITEM 3. First name, middle initial, maiden name (if applicable), and address of spouse. If member is single, divorced, or widowed, so state.

ITEM 4. First name, middle initial, last name (only if different from member's), relationship to member, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Indicate relationship, for example: son, daughter, stepson, stepdaughter, adopted daughter, adopted son.

ITEM 5. First name, middle initial, last name, and address of father. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural father is listed, indicate relationship.

ITEM 6. First name, middle initial, last name, and address of mother. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural mother is listed, indicate relationship.

ITEM 7. Persons not to be notified due to ill health.

a. List relationship, e.g., "Mother," of person(s) listed in Items 3, 4, 5, or 6 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan."

b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 7a.

ITEM 8a. Enter first name(s), middle initial, last name(s) and relationship of person to receive the 6 months' gratuity pay if there is no surviving spouse or child at the time of death. Only parents (including a person in loco parentis status) and brothers and sisters (including those of half-blood and those through adoption) may be designated. Loco Parentis means any person(s) who acted in place of the member's parent(s) for a period of not less than one year at any time before the member entered on active duty. If brothers or sisters are designated, show date of birth (YYYYMMDD). Enter "None" if the member has no eligible beneficiary. No benefit can be

paid in that instance (10 USC 1477). Also enter "None" if the member does not wish to designate a beneficiary. Payment is then made in the order of precedence established by law. The member should make specific designations, as it expedites payment.

ITEM 8b. Enter beneficiary (ies) full mailing address to include the ZIP Code.

ITEM 8c. Show the percentage to be paid to each person if two or more beneficiaries are designated. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named.

ITEM 9a. Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not

wish to designate a beneficiary, enter "None." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2271) in the absence of a designation.

ITEM 9b. Enter beneficiary (ies) full mailing address to include the ZIP Code.

ITEM 9c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent.

ITEM 10. First name, middle initial, last name, relationship, and address of dependent(s) the member designates to receive an allotment of pay if missing, captured, or interned. This allotment may be initiated by the Service Secretary or his designee in the event the member enters a missing status. This item may be left blank. If member designates two or more allottees, state the percentage to be paid to each. The sum shares need not equal 100

percent, but may not exceed 100 percent. NOTE: Designations made in Item 10 are used as a guide by the Service Secretary or designee in establishing, changing, or discontinuing an allotment in the interest of the member (37 USC 551-558). The final decision rests with the Service Secretary or designee.

ITEM 11. Insurance information.

a. Insurance companies/policy numbers. Enter full name of all commercial life insurance companies to be notified in case of death. Enter policy number if member desires; this expedites settlement of claims.

ITEM 12. Continuations/remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./03/19451220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed.

ITEM 13. Member's signature. Have the member check and verify all entries and sign in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 14. Signature of witness. Have a witness (disinterested person) sign in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 15. Date the member signs the form. This item is an ink entry and must be completed by the member.