

Young Marine Record Book

Personal Information

Part I

Enrollment Date: _____ Rank: _____
Last Name: _____ First Name: _____ Middle Initial _____
Male/ Female: _____ Date of Birth: _____ Social Security Number: _____
Young Marine's Email Address: _____ Expected H.S. graduation date (mm/yyyy) _____
Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Living with: _____ Mother & Father _____ Mother _____ Father _____ Legal Guardian

Mother's Information

Last Name: _____ First Name: _____ Middle Initial _____
Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email Address: _____

Father's Information

Last Name: _____ First Name: _____ Middle Initial _____
Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email Address: _____

Legal Guardian's Information

Last Name: _____ First Name: _____ Middle Initial: _____
Jurisdiction and Court Docket Number: _____
Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email Address: _____

Primary Emergency Contact

(Check if applicable) Contact is the same as: ___ Mother ___ Father ___ Legal Guardian

Last Name: _____ First Name: _____ Middle Initial.: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Pager: (____) _____

Other: (____) _____ Email Address: _____

Alternate Emergency Contact Information (Other than Parents/Guardian)

Alternate #1

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email Address: _____

Alternate #2

Last Name: _____ First Name: _____ Middle Initial.: _____

Relationship: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email Address: _____

Medical Insurance Information (Please provide copy of front & back of medical card)

Name of Medical Insurance Company: _____

Policy Number: _____

Contact Telephone Number: (____) _____