



UNITED STATES ARMY HUMAN RESOURCES COMMAND

Record of Emergency Data (DD Form 93, JAN 2008)

December 2008

Purpose of DD Form 93

- For the Soldier to identify:
 - Primary and Secondary Next of Kin (PNOK, SNOK)
- Beneficiary(ies) of:
 - Death Gratuity (\$100K)
 - Unpaid Pay and Allowances
- Designates Person Authorized to Direct Disposition (PADD)

The only authorized version of the DD Form 93 is the one dated JAN 2008

Updating the DD Form 93

- Active Duty Soldiers are responsible for reviewing and updating the Record of Emergency Data:
 - During out-processing for permanent change of station (PCS) and pre-separation processing
 - Upon arrival at new duty station
 - During any record audit
 - In conjunction with Soldiers Readiness Program (SRP)
 - Upon any change in Family member status (e.g., marriage, divorce, birth of child, death)

Updating the DD Form 93 (Con't)

- Reserve Component (USAR and ARNG) Soldiers will review the form:
 - During in-processing to new troop program unit (TPU)
 - In conjunction with a nationwide deployment or MOB readiness exercise
 - Annually, in their birth month

SECTION 1

Emergency Contact Information

Soldier's Personal Information

1. NAME <i>(Last, First, Middle Initial)</i>		2. SSN
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR		b. REPORTING UNIT CODE/DUTY STATION

- **Blocks 1-3b. Service Member Information**

Soldier's Next of Kin Information

4a. SPOUSE NAME <i>(If applicable) (Last, First, Middle Initial)</i>	b. ADDRESS <i>(Include ZIP Code) AND TELEPHONE NUMBER</i>
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	

- **Blocks 4a-b.** Spouse's Name, Address and Telephone Number

5. CHILDREN			
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP	c. DATE OF BIRTH <i>(YYYYMMDD)</i>	d. ADDRESS <i>(Include ZIP Code) AND TELEPHONE NUMBER</i>

- **Blocks 5a-d.** Child's Name, Relationship, Date of Birth, Address

Soldier's Parent(s) Information

6a. FATHER NAME <i>(Last, First, Middle Initial)</i>	b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER
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- **Blocks 6a-b.** Father's Name, Address and Telephone Number

7a. MOTHER NAME <i>(Last, First, Middle Initial)</i>	b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER
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- **Blocks 7a-b.** Mother's Name, Address and Telephone Number

Not To Be Notified

8a. DO NOT NOTIFY DUE TO ILL HEALTH

b. NOTIFY INSTEAD

- **Block 8a.** Do Not Notify Due To Ill Health
 - List relationship (e.g., “Mother”)
- **Block 8b.** Notify Instead
 - List relationship (e.g., “Father”)

Others To Be Notified—Missing Status Only

9a. DESIGNATED PERSON(S) *(Military only)*

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

- **Blocks 9a-b.** Designated Person(s), Address and Telephone Number

SECTION 2

Benefits Related Information

Beneficiary(ies) for Death Gratuity

SECTION 2 - BENEFITS RELATED INFORMATION			
11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i>	b. RELATIONSHIP	c. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER	d. PERCENTAGE

- **Blocks 11a-d. Beneficiary(ies) for Death Gratuity**
 - \$100,000 is paid to the eligible survivors of:
 - Deceased Active Duty Soldiers
 - Soldiers who die within 120 days of separation or retirement from active duty if the death is a result of a service connected injury or illness
 - Soldiers may designate up to ten persons to receive death gratuity in 10% increments
 - Army must notify spouse in writing when not in receipt of 100% of Death Gratuity

Beneficiary(ies) for Death Gratuity (Con't)

- If no designation is made, order of precedence for payment is as follows:
 - Lawful spouse
 - Children
 - Parents(s)
 - Executor or Administrator of the estate, for distribution to the estate
 - To other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death

Beneficiary(ies) for Unpaid Pay/Allowances

12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only)</i> NAME AND RELATIONSHIP	b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER	c. PERCENTAGE

- **Blocks 12a-b.** Beneficiary(ies) for Unpaid Pay/Allowances
 - Soldier identifies person to receive unpaid pay and allowances at the time of death
 - Soldier may indicate anyone to receive this payment
 - If the Soldier designates two or more beneficiaries, state the percentage to be paid each in item 10c

Beneficiary(ies) for Unpaid Pay/Allowances (Con't)

- If the Soldier does not wish to designate a beneficiary, enter “By Law”
- If no election is made, order of precedence is as follows:
 - Surviving spouse
 - Children and their descendants, by representation.
 - Father and mother in equal parts or, if either is dead, the survivor
 - Legal representative
 - Person entitled under the law of the domicile of the deceased Soldier

Person Authorized to Direct Disposition (PADD)

13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)
(Military only) NAME AND RELATIONSHIP

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

- **Blocks 13a-b.** Person Authorized to Direct Disposition (PADD)
 - PADD is the person authorized to make funeral/memorial arrangements
 - By law, the PADD must be either the spouse, a blood relative, or an adoptive relative; if none of the above exist, the Soldier can then name a person serving in loco parentis
 - Counseling is required when a Soldier makes a valid, but unusual, PADD designation

Person Authorized to Direct Disposition (PADD) (Cont'd)

- If no election is made, order of precedence is as follows:
 - Spouse
 - Eldest Child over 18
 - Eldest/custodial parent
 - Eldest sibling
 - Eldest grandparent
 - Other blood relatives in order of seniority
 - Remarried surviving spouse
 - Other interested persons
 - Secretary of the Army

Continuation/Remarks

14. CONTINUATION/REMARKS

- **Block 14. Continuation/Remarks**
 - Use this block for continuation of items
 - Prefix entry with the number of the item being continued (e.g. 5/John J./son/19851220/321 Pecan Drive, Schertz TX 78151)
 - Include additional information in this block such as:
 - Other persons to be notified
 - Name other dependents
 - NOK language barriers
 - Locations or existence of wills and private insurance
 - Directions to residence
 - Desired non-medical attendant and geographic preference for medical care
 - If additional space is required, attach a supplemental sheet of standard bond paper with information

Signature of Service Member and Witness

15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i>	16. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i>	17. DATE SIGNED <i>(YYYYMMDD)</i>
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- **Block 15.** Signature of Service Member
- **Block 16.** Signature of Witness
- **Block 17.** Date Signed