

SOLDIER'S PERSONAL DATA SHEET

DATE

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The purpose of the information on this form is to assist your unit servicing the records. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Transportation (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served. The following information will not be shared with any unauthorized personal.

NAME			SSN		RANK/GRADE	
ORGANIZATION			PMOS		SMOS	
DATE OF BIRTH	AGE	WEIGHT lbs	HEIGHT in inches	HAIR	EYES	
BLOOD TYPE	DATE OF RANK		BASD	ETS	TIG	TIS
RELIGION			22. ADDRESS			
HOME PHONE						
PROMOTABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		POINTS	DATE LAST NCOER			

DEPENDENTS

MARITAL STATUS					
<input type="checkbox"/> MARRIED		<input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED	
<input type="checkbox"/> SEPARATED					
SPOUSE'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF MARRIAGE
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE
					SEX
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE
					SEX
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE
					SEX
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE
					SEX

IF YOU HAVE MORE THEN FOUR CHILDREN OR HAVE ANY SPECIAL NEEDS FOR YOUR FAMILY DICTATE IT IN REMARKS.

NEXT OF KIN

NAME		ADDRESS	
ALTERNATE NAME		ALTERNATE ADDRESS	
PHONE	ALTERNATE PHONE		

ARMY TRAINING

DATE LAST APFT	PUSH-UPS	SIT-UPS	RUN TIME	TOTAL SCORE
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DATE LAST WEIGH-IN	BODY FAT%	ALLOWABLE FAT%	PROFILE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT
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TYPE OF PROFILE (EXPLAIN)

DATE WEAPON QUAL	WEAPON TYPE	QUALIFIED <input type="checkbox"/> MARKS MEN <input type="checkbox"/> SHARP SHOOTER <input type="checkbox"/> EXPERT
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DATE CREW SERVED WEAPON QUAL TYPE	QUALIFIED <input type="checkbox"/> MARKS MEN <input type="checkbox"/> SHARP SHOOTER <input type="checkbox"/> EXPERT
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DATE CTT TEST <input type="checkbox"/> GO <input type="checkbox"/> NO GO	DATE DRIVERS TRAINING	TYPE OF VEHICLE
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DATE PLDC	DATE BNCOC	DATE ANCOG
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ARMY EQUIPMENT

NBC SUIT SIZE	NBC MASK SIZE	NBC BOOT SIZE	NBC GLOVE SIZE	HAT SIZE	BOOT SIZE
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ACU TOP SIZE	ACU TROUSER SIZE
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ARMY AWARDS DECORATIONS AND ACHIEVEMENTS

TYPE	#	TYPE	#	TYPE	#	TYPE	#

PRIVATELY OWNED VEHICLE

MAKE	MODEL	YEAR	COLOR	LIC PLATE	POST DEC	INS CO,	EXP DATE
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REMARKS	
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