

## CAC ID INFORMATION

**\*\*Note all fields marked with an asterisk\* only need to be filled out if your requesting ID cards for your dependents. If the request is for you (the sponsor only) then the asterisk\* fields are not required.**

### SPONSOR

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
SEX:	SSN:	PAY BAND/GRADE:
DATE OF BIRTH: (yyyy/mm/dd)	PLACE OF BIRTH:	
PSC ADDRESS:	OFFICE SYMBOL:	DEROS:
WORK E-MAIL:	WORK #:	**HOME #:
**BLOOD TYPE:	**EYE COLOR:	**HAIR COLOR:
**HEIGHT(inches):	**WEIGHT:	**MARITAL STATUS:

Are you or your spouse retired military: Y ☐ N ☐

EMERGENCY ESSENTIAL: Y ☐ N ☐ *If Yes, then enter your RELIGIOUS PREF:*

### SPOUSE

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
SEX:	RELATIONSHIP:	SSN:
DATE OF BIRTH: (yyyy/mm/dd)	EYE COLOR:	HAIR COLOR:
HEIGHT:	WEIGHT:	DATE OF MARRIAGE: (yyyy/mm/dd)

### DEPENDENT

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
SEX:	RELATIONSHIP:	SSN:
DATE OF BIRTH: (yyyy/mm/dd)	EYE COLOR:	HAIR COLOR:
HEIGHT:	WEIGHT:	DATE OF MARRIAGE: (yyyy/mm/dd)