

## 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: PLACE OF BIRTH:  
(yyyy/mmm/dd)  
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: EYE COLOR: HAIR COLOR:  
(yyyy/mm/dd)  
HEIGHT: WEIGHT: DATE OF MARRIAGE:  
(yyyy/mm/dd)

### DEPENDENT

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