

# OAEPP PREPAREDNESS CHECKLIST DATA CARD

USAF	USA	USN	USMC	DOD Civilian	Other (____)	
Non-Combatant Names		Sex	DOB	Citizenship	Passport #	Relationship

Non-Combatant Local Address:

Emergency Contact / Destination (Address and Phone Number):

Sponsor Name	SSN	Home Phone
Grade	Unit / Office Symbol	Duty Phone

### AUTOMOBILES

Make	Model	Year	License Number

### PETS

Type (Cat, Dog, etc)	Size/Weight	Age	Name

SOLE PARENT / DUAL MILITARY \*(Name of person with Power of Attorney)

Name	Address	Phone Number

Medical Needs:

Remarks:

#### PRIVACY ACT STATEMENT

1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3102; and Executive Order 9397.
2. PRINCIPAL PURPOSE: To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.
3. Information provided will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.
4. VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of information is voluntary. There will be no adverse effect for not providing information.

Sponsor Name

Continuation (additional information from front page)