

**DEPENDENCY APPLICATION (1751)**

**NAVMC 10922 (REV. 4-01) (EF)**

FOUO - Privacy Sensitive when filled in.

(Supersedes all previous editions which are obsolete and will not be used)

**INSTRUCTIONS**

WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS,

REASON FOR THIS APPLICATION (CHECK ONE)

**G**

DATE OF APPLICATION

2018 07 18

START

CHANGE IN DEPENDENTS (Check one)

LOSS (EXPLAIN IN CERTIFICATION SECTION)

GAIN

SECTION 1.	NAME OF MARINE (Last, first, middle) MACCUTCHEON, SETH, W		SSN 591-60-3632	GRADE O-5	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	ORGANIZATION AND STATION PREPARING THIS APPLICATION MARFOREUR/AF			UNIT RUC 20600	DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER) 1999-05-16	
	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	

SECTION 2 DEPENDENT INFORMATION	NO.	NAME OF DEPENDENT (Include full given name)	COMPLETE ADDRESS (Include Zip Code)	RELATIONSHIP (if child, indicate step, adopted, ward or born out)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM (if previously approved give date of approval)
	1	Brenda Louise Maccutcheon	Domero Hotel/ Plieninger Are. 1000 room 668 70567 Stuttgart, DE 70567	SOUSE	08 11 1975	28 01 2015
	2	AND NO OTHERS				
	3					
	4					
	5					
	6					

Furnish the following information concerning custodian of any dependent named above.

DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE

INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?
DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 1 NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES
2015-01-29	Orange County, CA	BRENDA LOUISE LEPKE	IF EITHER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED BELOW.	

INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)							
FORMER MARRIAGE OF		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR-	SPOUSE				DEATH	ANNULMENT	DIVORCE
<input checked="" type="checkbox"/>		Mary K Maccutcheon	2002 09 13	Palm Beach, FL			<input checked="" type="checkbox"/>

IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?

NO

YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

NAME OF MARINE (Last, first, middle)  
 MACCUTCHEON, SETH, WILLIAM

**SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES**

HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD( REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE?

NO

YES IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren)).

**SECTION 6 SPOUSE IN ARMED FORCES**

HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE?

NO

YES IF YES, COMPLETE THE BLOCKS BELOW.

SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAQ
		<input type="checkbox"/> REGULAR			<input type="checkbox"/> WITH DEPENDENTS
		<input type="checkbox"/> RESERVE			<input type="checkbox"/> WITHOUT DEPENDENTS

**SECTION 7 CERTIFICATION**

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my Commanding Officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

X \_\_\_\_\_ 591-60-3632 O-5  
 (Signature of Marine) (Social Security Number) (Grade)

Subscribed and sworn before me this 18TH day of JULY 202018

Document Viewed MCTFS  
 (Signature and Title of Attesting Officer)

SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY:	FOR USE BY UNIT DIARY CLERK:	FOR USE BY CMC APPROVING AUTHORITY:
	<input checked="" type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> FORWARDED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS	REPORTED ON UNIT DUTY: NO. _____ DATED _____ RUC _____	
	<input checked="" type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: <u>1</u>	ENTRIES REPORTED: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	<input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> COURT ORDER		
	<input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order                             _____ (Signature of Commanding Officer)		
	R. L. GARCIA, CWO4, Bydir (Typed Name and Grade of Commanding Officer)		
	MARFOREUR/AF G-1/PPAC (Unit Designation)		