

NAME (Last, First, Middle) : _____**Date of Birth (MM/DD/YYYY):** _____ **Unit :** _____

NEXT OF KIN**Name (First, Middle, Last) :** _____**Street Address:** _____ **Apt / Unit :** _____**City :** _____ **State / Province :** _____ **Postal Code :** _____**Telephone : (_____) _____ - _____ County :** _____

I, the undersigned, do hereby certify that I wish to have my Next of Kin on file changed to the above person, and to have them notified according to my wishes on my form LF-A-02, Militia Disposition Record.

Soldier's Signature : _____ **Date :** _____**Witnessing Officer's Signature :** _____ **Date :** _____