

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

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**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 :** \_\_\_\_\_