

CONFIDENTIAL

(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
 TARASOFF BORIS DIMITRI 079-05-1624

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED 5107-45 ST. N.W., Wash D.C. LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If Applicable) 5107-45 ST. N.W., WASH. D.C.

PLACE IN CONTINENTAL U.S. REQUESTED AS PERMANENT RESIDENCE: as above HOME LEAVE RESIDENCE: as above

2. MARITAL STATUS (Check one)

SINGLE ☐ MARRIED ☒ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED ☐

IF MARRIED, PLACE OF MARRIAGE: Cleveland, Ohio

DATE OF MARRIAGE

IF DIVORCED, PLACE OF DIVORCE DECREE

na

DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED

na

DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

na

3. MEMBERS OF FAMILY

NAME OF SPOUSE: Anna ADDRESS (No. Street, City, Zone, State): 5107-45 ST., N.W. W-43C TELEPHONE NO.: 363-1444

NAMES OF CHILDREN: Barbara Raymond ADDRESS: as above SEX: f DATE OF BIRTH: 22 Dec 45
 m 20 Mar 49

NAME OF FATHER (Or male guardian): TARASOFF, DIMITRI ADDRESS: na TELEPHONE NO.:

NAME OF MOTHER (Or female guardian): TARASOFF, HORTON ADDRESS: na TELEPHONE NO.:

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY: Mrs. E.C. CORRELL

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss, etc.): CORRELL, HELEN RELATIONSHIP: SISTER-IN-LAW

HOME ADDRESS (No., Street, City, Zone, State): 31599 GATE-PILES CVD, HAMPDEN, OHIO HOME TELEPHONE NUMBER:

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION:

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organizer) YES ☒ NO ☐

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) YES ☒ NO ☐

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.) YES ☒ NO ☐

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 5 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT