

Evacuation Information Verification Sheet

Name _____	SS# _____ - _____ - _____	Grade _____
Relationship to Sponsor _____	Date of Birth/Marriage. ____/____/____	
Sponsor's Name _____	SS# _____ - _____ - _____	Grade _____
Safe Haven Address _____		Phone _____
City, State, Zip _____		E-Mail _____
Did you drive your P.O.V. to your Safe haven Location? Yes _____ No _____		
Did you retain your P.O.V at your Safe haven Location? Yes _____ No _____		
Did your sponsor claim transportation (Mileage) to Safe Haven location for this POV? Yes ____ No ____		
If no, please provide License Plate # for this POV claimed _____		
If Sponsor claimed any transportation (Mileage), please provide license plate # for POV _____		
List Name and Date of Birth of Dependents who evacuated with you:		
1. _____	Date of Birth/Marriage. _____	Relationship _____
2. _____	Date of Birth/Marriage. _____	Relationship _____
3. _____	Date of Birth/Marriage. _____	Relationship _____
4. _____	Date of Birth/Marriage. _____	Relationship _____
5. _____	Date of Birth/Marriage. _____	Relationship _____
6. _____	Date of Birth/Marriage. _____	Relationship _____

Bank Information For Direct Deposit	
Bank Routing Number _____	
Bank Account Number _____	
Checking Account _____	Savings Account _____

IAW DoDFMR 0703, identification and validation of dependency has been verified for all evacuees on this form.

Signature: _____ Date: _____

Signature: _____ Date: _____

*Dual signature is only required if any of the evacuees does not have an acceptable form of identification per 0703