



COMDTINST 5512.10  
06 SEP 1990

COMMANDANT INSTRUCTION 5512.10

Subj: DOD Guard and Reserve Family Member Identification Card (DD Form 1173-1) and  
Selected Reserve DEERS Enrollment

Ref: (a) COMDTINST M1000.6 (series), CG Personnel Manual

1. PURPOSE. This instruction provides policies and procedures for issuing the DOD Guard and Reserve Family Member Identification Card (DD Form 1173-1) and Selected Reserve enrollment in the Defense Enrollment Eligibility Reporting System (DEERS).
2. DISCUSSION.
  - a. Reserve Family Member ID Card.
    - (1) Heretofore, there has been no single standard ID card for Reserve family members of all the Military Services. While each of the other Services created a separate ID card for their Reserve family members, the Coast Guard did not; however, by regulation, commissaries and ex-changes have accepted any valid photo identification for Reserve family members.
    - (2) The Department of Defense (DOD) has now developed a Reserve Family Member ID card for use by all Military Services, including the Coast Guard: the DOD Guard and Reserve Family Member Identification Card (DD Form 1173-1). These regulations apply specifically to its use within the Coast Guard Selected Reserve.
    - (3) DD Form 1173-1 is for identification only. It does not authorize access to military benefits unless accompanied by a set of valid active duty orders, Commissary Privilege Card, or pay voucher, as appropriate.

- (4) In the event the sponsor is called to active duty by Congressional decree or Presidential call-up under the provisions of 10 U.S.C., Chapter 39, the card will become full benefits extending, including medical benefits, for a period of time not to exceed 180 days when accompanied by a copy of the sponsor's orders and activation in DEERS. If the sponsor is retained on active duty beyond 180 days, the dependent shall be issued DD Form 1173 to continue benefits eligibility.
  - (5) Any person willfully altering, damaging, lending, counterfeiting, or using their DD Form 1173-1 in any unauthorized manner is subject to fine or imprisonment or both as prescribed by 18 U.S.C. 499, 506, 509, 701, or 1001. Section 701, Title 18 U.S.C. prohibits photographing or otherwise reproducing or possessing this card in an unauthorized manner, under penalty of fine or imprisonment or both. Unauthorized or fraudulent use of DD Form 1173-1 would exist if a bearer used the card in a manner that would enable the bearer to obtain benefits and privileges to which he or she is not entitled. Photocopying of the DD Form 1173-1 to facilitate medical care processing, check cashing, or administering other military-related benefits to eligible beneficiaries are examples of authorized photocopying.
- b. DEERS Enrollment. DEERS enrollment for the Selected Reserve was congressionally mandated effective 1 October 1989. Its primary purpose is to provide instantaneous Reserve dependent eligibility for benefits upon mobilization. Data on dependents is provided to DEERS through the Application for Uniformed Services Identification Card/DEERS Enrollment (DD Form 1172). This Instruction provides specific guidelines for completing DD Form 1172 for the Selected Reserve.
3. ELIGIBILITY FOR DD FORM 1173-1.
    - a. DD Form 1173-1 shall be issued to dependents of Ready Reserve members and Reserve retirees entitled to pay at age 60, but who have not reached age 60. The card will be issued only to dependents in the categories of spouse, child, stepchild and ward. It will not be issued to a dependent child under 10 years of age or over 21 years of age; to dependents requiring a dependency determination, as specified in paragraph 18-C-7.c. of reference (a); or to former Spouses.

- b. Issuance of DD Form 1173-1 is mandatory for dependents of Selected Reserve members as part of the DEERS enrollment program. Issuance to dependents of other Reserve members, those in the Individual Ready Reserve or Reserve retirees entitled to retired pay at age 60, shall be made on an as requested basis.
- c. No individual shall possess or be issued more than one dependent ID card at a time. Exception is made where a Reserve member executes short term active duty orders (31 - 139 days), and their dependents are issued DD Form 1173. Dependents, in this case, may simultaneously possess the DD Form 1173-1 and DD Form 1173. Upon termination of the short term active duty period, dependents must return the DD Form 1173 to the issuing command. If the sponsor's tour is extended beyond 139 days, the dependent must surrender their DD Form 1173-1 to the issuing command or other designated issuing activity, while retaining the DD Form 1173. The issuing command will retain the DD Form 1173-1 and return it to the dependent upon termination of active duty, provided the DD Form 1173-1 has not expired.
4. SURRENDER OF IDENTIFICATION CARDS. DD Form 1173-1 remains the property of the U.S. Government and shall be in the personal custody of the individual to whom issued at all times. However, it shall be surrendered when required by appropriate military authority, under the guidelines in paragraph 18-C-3, reference (a).
5. LOSS OR THEFT. The individual concerned shall report loss or theft of their identification card promptly through resubmission of DD Form 1172, with the following statement under block 89 "Remarks": "I certify that DD Form 1173-1 previously issued to (insert name of card holder) was lost or stolen under the following circumstances: (give complete circumstances surrounding loss or theft). I further certify that the card has not been located after a diligent search, and that if recovered, the card will be surrendered to proper military authority."
6. HOW TO APPLY. Members of the Selected Reserve shall submit a DD Form 1172 on behalf of their spouse, child, stepchild, or ward to their Reserve unit for verification, per guidelines in paragraph 18-C-7.a. of reference (a). Other members of the Ready Reserve and Reserve retirees shall submit a DD Form 1172 to their district Reserve PERSRU. Once verified, the DD Form 1172 may be presented to any Uniformed Service ID issuing activity authorized to issue the DD Form 1173-1. Instructions for completing DD Form 1172 are provided in enclosure (1).
7. PREPARATION AND ISSUE OF DD FORM 1173-1. Commands designated as issuing activities for DD Form 2 (Reserve) are designated

(cont'd) issuing activities for DD Form 1173-1, as well. Issuing activities may issue DD Form 1173-1 upon receipt of a properly completed and verified DD Form 1172. A DD Form 1173-1 need not be reissued solely because of change in the grade of the sponsor.

a. Validity of DD Form 1172.

- (1) Issuing activities receiving a DD Form 1172 which has obvious errors, is not clear or readable, is not verified by a proper authorizing individual, requests issue of a card to ineligible persons, or which otherwise appears questionable, shall contact the verifying activity (Reserve unit or district Reserve PERSRU) prior to issuing the card.
- (2) At the discretion of the commanding officer, a DD Form 1172 verified more than 90 days before presentation to the issuing activity may be considered questionable for issuance of the DD Form 1173-1. Before refusing any person in this situation, the issuing activity should assist the applicant in attempting to contact, by telephone or message, the officer who verified the DD Form 1172.
- (3) If the member has the necessary documents to verify the DD Form 1172, the issuing authority may re-verify the form and issue the DD Form 1173-1. An appropriate entry should be made in block 89, if the application is revised in this manner. If verification cannot be made on the DD Form 1172, a new DD Form 1172 must be completed and verified before the DD Form 1173-1 can be issued.

b. Application by Mail.

- (1) Normally, eligible dependents will be required to physically visit the activity issuing the DD Form 1173-1 to maintain identity security. In unusual circumstances where an eligible dependent cannot get to an issuing activity, a notarized statement setting forth sufficient facts to establish identity and to complete items on the DD Form 1173-1 and the reasons for not going to the issuing office may be accepted as a basis for issuing a DD Form 1173-1. It must be accompanied by the verified application, DD Form 1172, and a 1 inch by 1 1/4 inch passport type, full face photograph of the eligible dependent. Photographs of applicants wearing a hat or scarf are not acceptable.
- (2) Signature of the eligible dependent must be obtained in item 9 of the DD Form 1173-1 prior to lamination.

(cont'd) Issuing activities shall send the DD Form 1173-1 by certified mail to the eligible dependent, who must sign it and return it by certified mail to the issuing activity. Once prepared in its final form, signed, and laminated, the card shall be sent, again by certified mail, to the eligible dependent.

- c. Completing DD Form 1173-1. Enclosure (2) contains block by block instructions for completing DD Form 1173-1.

8. SECURITY AND ACCOUNTABILITY.

- a. Overall Requirements. Proper procedures for strict accountability and security shall be maintained for DD Form 1173-1. Requirements are set forth in paragraph 18-C-10, reference (a). Note especially the requirement to advise the recipient in writing of conditions under which the card is issued.
- b. Missing Cards. When blank cards cannot be accounted for by the issuing activity, a report shall be made to Commandant (G-OIS-3) indicating the circumstances involved, serial number(s) of the missing card(s), corrective action taken, and if warranted, disciplinary action taken. When appropriate, notify all nearby commissaries, exchanges, medical facilities, and Military Police of the missing card(s) by serial number.

9. DEERS ENROLLMENT. ID issuing activities should handle DD Form 1172 for the Reserve family member ID card in the same manner as those for all other ID cards, per guidance in paragraph 18-C-8.g. of reference (a). For dependency changes not requiring card issuance (birth, divorces, etc.), the DD Form 1172 remains the reporting and data updating vehicle. In such instances, Reserve unit commanding officers should send the original completed, verified DD Form 1172 to district (rsa), retaining the pink copy for unit records, and giving the yellow copy to the member. District commanders shall forward the original DD Form 1172 with a DEERS Batch Transmittal Form (DD Form 2268) to the DEERS Support Office (DSO), P.O. Box 16008, Monterey, CA 93942-6008. Reserve specific instructions for completing DD Forms 2268 are in enclosure (3).

10. QUESTIONS. Questions regarding DEERS/ID cards should be addressed to Commandant (G-RSM-1), Reserve DEERS Project Officer.

11. ACTION. Area and district commanders, commanders of maintenance and logistics commands, unit commanding officers and Commander, Coast Guard Activities Europe shall ensure adherence to the provisions of this Instruction.

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12. AVAILABILITY OF FORMS.

- a. DD-Form 1173-1. An initial supply of DD Forms 1173-1 will be printed and distributed to principal issuing activities. Request for additional supplies of DD Form 1173-1 will be made by letter to Commandant (G-OIS-3) via the district commander. Principal issuing activities will be responsible for supplying the card to authorized sub-issuing activities.
- b. DD Form 1172. Supplies of DD Form 1172 may be obtained by requisition submitted to Supply Center, Brooklyn, using stock no. 0102-LF-001-1723.
- c. DD Form 2268. The DEERS Batch Transmittal Form is provided as exhibit 18-C-6 of reference (a) for local reproduction

/s/ J. N. FAIGLE  
CHIEF, OFFICE OF READINESS  
AND RESERVE

Encl: (1) Instructions for completing DD Form 1172  
(2) Instructions for completing DD Form 1173-1  
(3) Instructions for completing DD Form 2268 6

INSTRUCTIONS FOR COMPLETING DD FORM 1172, AUGUST 1987 EDITION  
(Reserve Family Member ID Card and DEERS Enrollment)

Complete the blocks of the DD Form 1172, August 1987 edition, as follows. Do not leave any block blank unless the specific instruction allows or requires it.

PLEASE TYPE OR PRINT USING A BLACK BALLPOINT PEN.

--IMPORTANT NOTE--

All DD Forms 1172 prepared for RESERVE DEERS ENROLLMENT must be PROMINENTLY MARKED in the UPPER LEFT HAND CORNER. Place X's in the block designated for that purpose.

SECTION I - SPONSOR INFORMATION

**BLOCK 1. NAME.** Enter the sponsor's last name first, enter the first name, and then enter the middle initial or the full middle name. (Use no more than 27 characters.)

NOTE: The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include this designation, enter the appropriate data after the middle initial. The name cannot contain any special characters nor is any punctuation permitted.

**BLOCK 2. SEX.** Enter the sex of the sponsor from the valid abbreviations listed in the left column below. (Use 1 character.)

M - Male  
F - Female

**BLOCK 3. SSN (SOCIAL SECURITY NUMBER).** Enter the sponsor's SSN. If the sponsor does not have a SSN, enter the sponsor's Service Serial Number, adding left-justified zeros when the service number contains less than 9 digits. For example, serial number "12345" would be entered as "000012345." (Use 9 characters.)

NOTE: If entering information on-line into DEERS and the data base shows the SSN or Service Serial Number is already registered for another individual, STOP processing and verify the number. If verification confirms duplication of the SSN by the Social Security Administration, continue processing and the system will automatically generate a duplicate control number for additional sponsor.

**BLOCK 4. STATUS.** Enter the correct abbreviation for the status of the sponsor from the abbreviations listed in the left column below.

RES - Reserve  
GRD - Army and Air National Guard

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**BLOCK 5. BRANCH OF SERVICE.** Enter the correct organization with which the sponsor is affiliated from the valid abbreviations listed in the left column below.

USA	-	U.S. Army
USN	-	U.S. Navy
USAF	-	U.S. Air Force
USMC	-	U.S. Marine Corps
USCG	-	U.S. Coast Guard

**BLOCK 6. PAY GRADE.** Enter the correct sponsor pay grade from the valid abbreviations listed in the left column below. (Use no more than 4 characters.)

E1-E9	-	Enlisted pay grades 1 through 9
W1-W4	-	Warrant officer pay grades 1 through 4
001 -011	-	Officer pay grades 1 through 11 (011 is reserved)

**BLOCK 7. RANK.** Enter the Uniformed Service sponsor's rank from the valid abbreviations listed below. Pay grade 011 is reserved. (Use no more than 6 characters.)

<u>Pay Grade</u>	<u>Army Rank</u>	<u>Air Force Rank</u>	<u>Marine Corps Rank</u>	<u>Navy Coast Guard Rank</u>
011	GEN	GEN		ADM
010	GEN	GEN	GEN	ADM
009	LTG	LTGEN	LTGEN	VADM
008	MG	MAJGEN	MAJGEN	RADM
007	BG	BGEN	BGEN	RADM
006	COL	COL	COL	CAPT
005	LTC	LTCOL	LTCOL	CDR
004	MAJ	MAJ	MAJ	LCDR
003	CPT	CAPT	CAPT	LT
002	1LT	1STLT	1STLT	LTJG
001	2LT	2NDLT	2NDLT	ENS
W4	CW4	CWO-4	CWO4	CWO-4
W3	CW3	CWO-3	CWO3	CWO-3
W2	CW2	CWO-2	CWO2	CWO-2
W1	WO1	WO	WO	WO-1
E9	CSM	CMSGT	SGTMAJ	MCPO
E9	SGM	-	MGYSGT	-
E8	1SG	SMSGT	1STSGT	SCPO
E8	MSG	-	MSGT	-
E7	SFC	MSGT	GYSGT	CPO
E7	PSG	-	-	-
E6	SSG	TSGT	SSGT	PO1
E5	SGT	SSGT	SGT	PO2

E4	CPL	SGT	CPL	PO3
E4	SPC	SRA	-	-
E3	PFC	A1C	LCPL	NON-PO
E2	PVT	AMN	PFC	NON-PO
E1	PV1	AB	PVT	NON-PO
STDT	CADET	CADET	PLC	MIDSHP/CADET
STDT	OCS	OCS	-	OCS
STDT	ROTC	ROTC	-	ROTC
STDT	-	AOC	-	ROC

**BLOCK 8. GEN CAT (GENEVA CONVENTION CATEGORY).** Enter the sponsor's appropriate Geneva Convention category from the valid abbreviations listed in the left column below. (Use no more than 3 characters.)

- I - Category I (Pay grades E1-E4)
- II - Category II (Pay grades E5-E9)
- III - Category III (Pay grades W1-003/Cadet/Midshipman)
- IV - Category IV (Pay grades 004-006)
- V - Category V (Pay grades 007-011)

**BLOCK 9. TYPE OF CARD ISSUED.** If the transaction being performed results in issue or reissue of the sponsor's Uniformed Services Identification Card [DD Form 2, Reserve (Red)], enter the abbreviation 2RES. (Use 4 characters.) Otherwise, leave blank.

**BLOCK 10. ID NO (IDENTIFICATION CARD NUMBER).** Enter the serial number of the DD Form 2 issued to the sponsor. If the transaction being performed is a terminate, this block need not be updated except to identify a card that may be in the possession of an individual no longer entitled to the card. Such cards should be retrieved for-destruction. This block may be left blank. (Use no more than 9 characters.)

**BLOCK 11. LAST UPDATE.** No entry is required.

**BLOCK 12. V/I (VERIFY/ISSUE).** Enter the correct action abbreviation to show the reason the DD Form 1172 is being prepared. Select from the valid values listed in the left column below. (Use 1 character.)

- A - To indicate the addition of a new record on DEERS.
- C - To indicate a change or update transaction when no identification card will be issued.
- I - To indicate the issue or reissue of an ID card.
  
- T - Does not apply to Guard/Reserve DEERS Enrollment Program sponsors since the Reserve Component Common Personnel Data System confirmation tapes automatically key removal from Guard/Reserve enrollment upon discharge of the sponsor.

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**BLOCK 13. CURRENT RESIDENCE ADDRESS.** Enter the number and street of the sponsor's residence address. (When disclosure of the residence address would violate the Privacy Act, enter the sponsor's military mailing address.) If sponsor is deceased or the address is unknown, leave blank. (Use no more than 27 characters.)

**BLOCK 14. SUPPLEMENTAL ADDRESS INFORMATION.** Enter supplemental address information, such as the apartment number. Do not enter a duty address in combination with a residence address. This block may be left blank. (Use no more than 20 characters.) **BLOCK 15. CITY.** Enter the sponsor's current city of residence. If the sponsor's address is an APO or FPO, enter the correct city for the APO or FPO. If the sponsor is deceased or the city is unknown, leave blank. (Use no more than 18 characters.)

**BLOCK 16. STATE.** Enter the correct U.S. postal abbreviation for the state of the sponsor's residence from the valid abbreviations listed below. If the sponsor's address is an APO or FPO, enter the correct APO or FPO state in the state field. If the sponsor lives outside the 50 United States, the District of Columbia, or one of the listed trust territories, enter a default value of "XX." If the sponsor is deceased or the state is unknown, leave blank. (Use 2 Characters.)

Alabama	AL	Louisiana	LA	Pennsylvania	PA
Alaska	AK	Maine	ME	Puerto Rico	PR
American Samoa	AS	Maryland	MD	Rhode Island	RI
Arizona	AZ	Massachusetts	MA	South Carolina	SC
Arkansas	AR	Michigan	MI	South Dakota	SD
California	CA	Minnesota	MN	Tennessee	TN
Colorado	CO	Mississippi	MS	Federated States	
Connecticut	CT	Missouri	MO	of Marshall	
Delaware	DE	Montana	MT	Islands, Palau	TT
District of Columbia	DC	Nebraska	NE	Texas	TX
Florida	FL	Nevada	NV	Utah	UT
Georgia	GA	New Hampshire	NH	Vermont	VT
Guam	GU	New Jersey	NJ	Virginia	VA
Hawaii	HI	New Mexico	NM	Virgin Islands	VI
Idaho	ID	New York	NY	Washington	WA
Illinois	IL	North Carolina	NC	West Virginia	WV
Indiana	IN	North Dakota	ND	Wisconsin	WI
Iowa	IA	Ohio	OH	Wyoming	WY
Kansas	KS	Oklahoma	OK		
Kentucky	KY	Oregon	OR		

**BLOCK 17. ZIP CODE.** Enter the 9-digit zip code of the sponsor's current residence address in the following format: "12345 6789," with a space between the first 5 and last 4 numbers. If the last 4 digits are unknown, enter 4 zeros (0000). For example "12345

0000." If the sponsor does not reside in one of the 50 United States, the District of Columbia, or one of the listed trust territories, enter the applicable foreign zip code or APO or FPO number. If the sponsor is deceased or the zip code is unknown, leave blank. (Use no more than 9 characters.)

**BLOCK 18. COUNTRY.** If the sponsor lives in the United States, enter "US." Otherwise, enter the sponsor's correct country of residence from the valid abbreviations listed in Exhibit 18-C-1 of reference (a). If the sponsor's address is an APO or FPO, the country must be "US." If the country is unknown, leave blank. (Use 2 characters.)

**BLOCK 19. UIC (UNIT IDENTIFICATION CODE).** Enter the unique identifier of the sponsor's unit organization. UIC equals PAS Code for Air Force, RUC-MCC for Marine Corps, or OPFAC for Coast Guard personnel. If appropriate identifier code for the sponsor's organization is less than 8 characters, begin entering at the left of field and do not add zeros to fill extra spaces. (Use no more than 8 characters.)

**BLOCK 20. HOME TELEPHONE NUMBERS.** Enter the sponsor's current residence, duty, or business telephone number beginning with the area code. Do not use punctuation to separate the area code, prefix, and basic number. This block may be left blank. (Use no more than 10 characters.)

**BLOCK 21. DATE OF BIRTH.** Enter the sponsor's date of birth in 4-digit year, 3-character month, and 2-digit day format (YYYYMMMDD). (Use 9 characters.)

**BLOCK 22. BLOOD TYPE.** Enter the sponsor's blood type from the valid list of abbreviations listed in the left column below. (Use no more than 3 characters.)

A+	-	A Positive
A-	-	A Negative
B+	-	B Positive
B-	-	B Negative
AB+	-	AB Positive
AB-	-	AB Negative
O+	-	O Positive
O-	-	O Negative

**BLOCK 23. COLOR EYES.** Enter the sponsor's correct eye color from the valid abbreviations listed in the left column below. If eye color is unknown, leave blank. (Use 2 characters.)

BR	-	Brown
GR	-	Green

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BL	-	Blue
HZ	-	Hazel
BK	-	Black
GY	-	Gray
OT	-	Other

**BLOCK 24. COLOR HAIR.** Enter the sponsor's correct hair color from the valid abbreviations listed in the left column below. If hair color is unknown, leave blank. (Use 2 characters.)

BR	-	Brown
GY	-	Gray
RD	-	Red
AU	-	Auburn
BK	-	Black
BN	-	Blonde
OT	-	Other
BD	-	Bald

**BLOCK 25. HEIGHT.** Enter the sponsor's height in inches. The valid range is 48-96 inches. If height is unknown, leave blank. (Use 2 characters.)

**BLOCK 26. WEIGHT.** Enter the sponsor's weight in pounds. The valid range is 000-999. If weight is unknown, leave blank. (Use up to 3 characters.)

**BLOCK 27. MEDICARE.** Leave blank.

**BLOCK 28. MARITAL STATUS.** Enter the sponsor's marital status from the valid abbreviations listed in the left column below. (Use 3 characters.)

ANL	-	Annulled
DIV	-	Divorced
INT	-	Interlocutory Decree
JSM	-	Joint Service Marriage
LSP	-	Legally Separated
MAR	-	Married
SGL	-	Single
WID	-	Widow or widower

**BLOCK 29. ELIG ST/MC EFF DATE (YYYYMMDD) (ELIGIBILITY START DATE//CIVILIAN HEALTH CARE EFFECTIVE DATE//MEDICARE, PART A, HOSPITAL INSURANCE START DATE// GUARD/RESERVE START DATE).** For Ready Reserve members, enter the effective start date of the sponsor's current service commitment in 4-digit year, 3-character month, and 2-digit day format (YYYYMMDD). For Reserve component RET sponsors qualifying for retired pay at age 60, but who have not reached age 60, enter sponsor's both birthday. (Use 9 characters.)

**BLOCK 30. CARD EX/ELIG END DATE (YYYYMMDD) (CARD EXPIRATION// ELIGIBILITY END DATE//GUARD/RESERVE END DATE)**. Enter the effective end date of the sponsor's current service commitment in 4-digit year, 3-character month, and 2-digit day format (YYYYMMYDD). For those with indefinite commitment, enter "INDEF." (Use no more than 9 characters.)

**BLOCK 31. PRIVILEGES AUTHORIZED**. Leave blank.

**BLOCK 32. END ELIG REASON**. Leave blank.

**SECTION II - DEPENDENT INFORMATION**

**BLOCK 33. NAME**. Enter the dependent's name in the same manner as prescribed in Block 1. NOTE: A spouse may be issued an ID card in the legal name by which the spouse is known, such as a maiden name.

**BLOCK 34. SEX**. Enter the sex of the dependent as prescribed in Block 2

**BLOCK 35. RELATIONSHIP**. Select the correct abbreviation to show the dependent's relationship to the sponsor from the valid abbreviations listed in the left column below.

SP	-	Spouse
CH	-	Child
SC	-	Stepchild
WARD	-	Ward

NOTE: Dependent categories that require dependency determinations will not be entered at this time. Upon mobilization of a Guard or Reserve sponsor, a dependency determination must be made by the sponsor's parent Uniformed Service to establish eligibility based on the level of support the sponsor is providing at the time.

**BLOCK 36. SSN (SOCIAL SECURITY NUMBER)**. Enter the dependent's SSN. In cases where the dependent does not have a SSN, this block may be left blank. (Use 9 characters.)

**BLOCK 37. ID NO (IDENTIFICATION CARD NUMBER)**. If an ID card is being issued, enter the serial number of the DD Form 1173-1 issued to the dependent in this block. If the action being performed is a terminate, this block need not be updated except to identify a card that may be in the possession of an individual no longer entitled to the card. Such card should be retrieved for destruction. (Use no more than 9 characters.)

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**BLOCK 38. LAST UPDATE.** No entry is required.

**BLOCK 39. V/I (VERIFY/ISSUE).** Enter the correct action as prescribed in Block 12 for codes A, C, and I. For Guard/Reserve DEERS Enrollment Program dependents who are no longer eligible for future benefits upon mobilization of the sponsor, enter Code T and the appropriate code in Block 60. For all other Ready Reserve members and Reserve retirees entitled to pay at age 60, leave blank.

**BLOCK 40. CURRENT RESIDENCE ADDRESS.** Enter the number and street of the dependent's residence address. If the dependent is deceased or if the address is unknown, leave blank. (Use no more than 27 characters.)

**BLOCK 41. SUPPLEMENTAL ADDRESS INFORMATION.** Enter supplemental address information as prescribed in Block 14.

**BLOCK 42. CITY.** Enter the dependent's current city of residence as prescribed in Block 15.

**BLOCK 43. STATE.** Enter the postal abbreviation for the dependent as prescribed in Block 16.

**BLOCK 44. ZIP CODE.** Enter the 9-digit zip code of the dependent's current residence address in the same manner as prescribed in Block 17.

**BLOCK 45. COUNTRY.** Enter the dependent's country of residence as prescribed in Block 18.

**BLOCK 46. HOME TELEPHONE NUMBER.** Enter the dependent's current residence telephone number in the same manner as prescribed in Block 20.

**BLOCK 47. DATE OF BIRTH.** Enter the dependent's date of birth in the same manner as prescribed in Block 21.

**BLOCK 48. MBI (MULTIPLE BIRTH INDICATOR).** Enter the applicable value to identify dependents with the same REL (relationship) and whose dates of birth are within 10 months of each other. This value is required even when those dependents are not twins, triplets, etc. (Use 1 character.)

- Y - Yes, there are multiple births.
- N - No, There are no multiple births

**BLOCK 49. STU (STUDENT).** Leave blank.

NOTE: Dependent children over age 21 attending school full-time will not be entered at this time.  
Upon mobilization of the

sponsor, a dependency review must be made to establish eligibility based on the level of support the sponsor is providing at that time

**BLOCK 50. INCAP (INCAPACITATION STATUS).** Leave blank.

NOTE: Dependent children over age 21 and incapable of self-support will not be entered at this time. Upon mobilization of the sponsor, a dependency review must be made by the sponsor's parent Uniformed Service to establish eligibility based on the level of support the sponsor is providing at the time.

**BLOCK 51. MEDICARE.** Leave blank.

**BLOCK 52. COLOR EYES.** Enter the dependent's correct eye color as prescribed in Block 23.

**BLOCK 53. COLOR HAIR.** Enter the dependent's correct hair color as prescribed in Block 24.

**BLOCK 54. HEIGHT.** Enter the dependent's height in inches. The valid range is 00-96 inches. (Use 2 characters.)

**BLOCK 55. WEIGHT.** Enter the dependent's weight in pounds as prescribed in Block 26.

**BLOCK 56. DATE OF MARRIAGE (YYYYMMDD).** If the dependent's relationship is SP, enter the date of marriage. (Use 9 characters.)

**BLOCK 57. ELIG ST/MC EFF DATE (YYYYMMDD) (ELIGIBILITY START DATE//CIVILIAN HEALTH CARE EFFECTIVE DATE//MEDICARE, PART A, HOSPITAL INSURANCE EFFECTIVE DATE).** Leave blank.

**BLOCK 58. CARD EX/ELIG END DATE (YYYYMMDD) (CARD EXPIRATION/ELIGIBILITY END DATE).** Enter a maximum of 4 years from the date of verification of DD Form 1172, sponsor's expiration of service date, or dependent's 21st birthday, whichever is earliest. For Reserve retirees entitled to pay at age 60, but who have not reached age 60, enter a maximum of 4 years from date of verification of DD Form 1172, dependent's 21st birthday, or sponsor's both birthday, whichever is earlier.

**BLOCK 59. PRIVILEGES AUTHORIZED.** Leave blank.

**BLOCK 60. END ELIG REASON (END ELIGIBILITY REASON).** For Guard/Reserve Enrollment Program dependents, only the following codes apply:

ACD - Dependent entered active duty  
DIV - Divorce/Annulment  
DMG - Dependent married  
DTH - Death

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For all other Ready Reserve members and Reserve retirees entitled to pay at age 60, but who have not reached age 60, leave blank.

BLOCK 61 through 88. Enter in the same manner as prescribed for Blocks 33 through 60.

### SECTION III - SPONSOR DECLARATION AND REMARKS

BLOCK 89. REMARKS. Enter the method of verification and further explanation of entitlement status such as marriage certificate, birth certificate, or court order for adoption. Indicate other appropriate comments, such as, "sponsor provides over 50 percent support", "sponsor will not sign" or "sponsor unavailable to sign." (This block may contain up to 5 typed lines of information.)

BLOCK 90. SIGNATURE. This block must contain the sponsor's signature. (Signature is required.)

Note: When the DD Form 1172 is not signed in the presence of the verifying official, the signature must be notarized. The notary seal and signature should be placed in the right margin of section III.

BLOCK 91. DATE SIGNED (YYYYMMDD). Enter the date the sponsor signed the DD Form 1172.

### SECTION IV - VERIFIED BY

BLOCK 92. TYPED NAME (LAST, FIRST, MIDDLE INITIAL). Enter the information pertaining to the verifying official. (Use no more than 27 characters.)

BLOCK 93. PAY GRADE. Enter the pay grade of the verifying official. (Use no more than 4 characters.)

BLOCK 94. UNIT/COMMAND NAME. Enter the unit/command name for the verifying official. (Use no more than 26 characters.)

BLOCK 95. TITLE. Enter the verifying official's title. (Use no more than 24 characters.)

BLOCK 96. UIC. Enter the unique identifier (UIC, PAS Code, RUC- MCC, OPFAC) for the verifying office in the same manner as prescribed in block 19.

BLOCK 97. DUTY PHONE NUMBER. Enter the verifying official's duty telephone number. (Use no more than 14 characters.)

BLOCK 98. UNIT/COMMAND ADDRESS (STREET, CITY, STATE, 9-DIGIT ZIP). Enter the mailing address for the verifying official. (Use no more than 28 characters.)

**BLOCK 99. SIGNATURE.** The verifying official must sign in this block. (Signature is required.) No other individual shall sign for the verifying official.

**BLOCK 100. DATE VERIFIED (YYYYMMDD).** Enter the date of verification in 4-digit year, 3-character month, and 2-digit day format (YYYYMMDD). (Use 9 characters.)

**SECTION V - ISSUED BY**

**BLOCK 101-109.** Enter in the same manner as the verifying official as prescribed in Section IV above.

**SECTION VI - RECIPIENT'S ACKNOWLEDGMENT**

**BLOCK 110. RECIPIENT'S SIGNATURE.** Each recipient must sign in this block. If the recipient is incapable of signing, the condition must be indicated in this block. This block may contain multiple signatures.

**BLOCK 111. DATE SIGNED (YYYYMMDD).** Enter the date of the recipient's acknowledgment. (Use 9 characters.)

INSTRUCTIONS FOR COMPLETING DD FORM 1173-1  
(DOD Guard and Reserve Family Member Identification Card)

1. **CORRECTIONS**. No DD Form 1173-1 will be issued which contains an erasure, alteration or strike over. When a change is required on a card in the preparation stage, a new card will be prepared. Cards which contain erasures, alterations or strike-overs shall be destroyed, and the reason for destruction shall be properly recorded in the accountability log.
2. **BLOCK BY BLOCK INSTRUCTIONS**. Most entries on DD Form 1173-1 are self-explanatory, the following instructions apply in completing the items as listed below:

**Item 1:**     **"ISSUED TO"** - Enter last name first and middle initial and the relationship code of the sponsor. Block 35 or Block 63 of DD Form 1172 contain this information.  
Example: JONES, G.A., and SP for Spouse.

[Spouses may request the card be issued in the legal name by which they are known, such as maiden name.]

**Item 2:**     **"HEIGHT"** - Enter the dependent's height in inches. The valid range is 00 - 96 inches. Blocks 54 or 82 of DD Form 1172 apply. If the dependent's height is unknown - leave blank.

**Item 3:**     **"WEIGHT"** - Enter the dependent's weight in pounds as prescribed in block 55 or 83 of DD Form 1172.

**Item 4:**     **"EYE COLOR"** - Enter the dependent's correct eye color as prescribed in Block 52 or 80 of DD Form 1172. Example: Brown eyes - BR.

**Item 5:**     **"HAIR COLOR"** - Enter the dependent's correct hair color as prescribed in Block 53 or 81 of DD Form 1172. Example: Brown hair - BR.

**Item 6:**     **"SOCIAL SECURITY NO."** - Enter the dependent's SSN as prescribed in Block 36 or 64 of DD Form 1172. Example: 000 00 0000.

**Item 7:**     **"DATE OF BIRTH"** - Enter dependent's date of birth as prescribed in Block 47 or 75 of DD Form 1172. Use 4 digit year, 3 character month, 2 digit day format (YYYYMMDD). (Use no more than 9 characters). Example: 1944SEPO1.

- Item 8:     **"EXPIRATION DATE"** - Enter a maximum of 4 years from the date of verification of the DD Form 1172, the Reserve sponsor's expiration of service date, or the dependent child's 21st birthday, whichever occurs first. Use 4 digit year, 3 character month, 2 digit day format (YYYYMMMDD). (Use no more than 9 characters).
- Item 9:     **"SIGNATURE"** - Each recipient must sign this block. If any recipient is incapable of signing, incapacitating permanent (incp) or incapacitating temporary (inct) should be indicated in this block.
- Item 10a:   **"SPONSOR GRADE AND NAME"** - Enter the correct pay grade, as prescribed in block 6, and sponsor's name (Last, First, MI).
- Item 10b:   **"SPONSOR SOCIAL SECURITY NO."** - Enter the sponsor's SSN as prescribed in block 3 of DD Form 1172. Example: 000 00 0000.
- Item 10c:   **"SPONSOR SERVICE"** - Enter the correct organization the sponsor is affiliated with from the valid abbreviations listed for Block 5 of DD Form 1172. Example: USCG for U.S. Coast Guard Reserve.
- Item 10d:   **"SPONSOR STATUS"** - Enter the correct abbreviation for the status of the sponsor listed in Block 4 of DD Form 1172. Example: RES for all Reserve categories.
- Item 11:    **"PLACE OF ISSUE"** - Enter district and number, issuing facility, city and state. Example: CGD14(APRU)HONOLULU, HI.
- Item 12:    **"DATE OF ISSUE"** - Enter year, month, date using 4 digit year, 3 character month, 2 digit day format (YYYYMMMDD). (Use no more than 9 characters).
- Item 13:    **"SIGNATURE OF ISSUING OFFICER"** - The verifying official must sign this block. (Signature required). No other individual shall sign for the verifying official.
- Item 14:    **"CARD NUMBER"** - The serial number assigned by the initial issuing activity has been printed on the card in this block. No additional information is required.

Encl. (3) to COMDTINST 5512.10

SELECTED RESERVE DEERS ENROLLMENT  
DEERS BATCH TRANSMITTAL FORM INSTRUCTIONS

1. The following instructions are provided to supplement those on the DEERS BATCH TRANSMITTAL FORM (DD Form 2268) when it is used to transmit Selected Reserve DD Forms 1172.

2. Complete blocks 1-6 in the following manner:

Block 1a. U.S. Coast Guard Reserve.

Block 1b. District office (rsa) [e.g.: Commander, Seventh Coast Guard District (rsa)].

Block 1c. Your district office's mailing address.

Block 2. Preprinted on form.

Block 3. Enter the number of DD Form 1172's enclosed. Batch no more than 50 documents with each transmittal form.

Block 4. Enter "Z" for branch of service, your district OPFAC (precede your 7 digit district OPFAC with a zero, e.g.: 00571105 or 01371113); day of year in a three digit (i.e., Julian) number (e.g.: 068 for 9 March 1990); and three-digit batch sequence number, beginning with 001 for the first batch in each calendar year.

Block 5. Signature of individual responsible for forwarding the batch.

Block 6. Enter date in YYMMDD format (e.g.: 9 March 1990 is 900309).