CONFIDENTIAL

- 1		(Aled In)						
Complete the diplicate. This data recorded on the adventment expense, overseas duty, return t	is Young's exception	no determina	Me Contraction	enses alloyabl	on contecti	on with l	eave	
mation required in the event of an employee eme	ergency. The origina	of this form	villabe filled	in the employee	's official pe	ersonnel	folder.	
NAME OF EMPLOYEE (Last)	(First) (Middle) SOCIAL SECURITY NUMBER							
Mills W	, ,		····	_			Ц	
PLACE OF RESIDENCE WHEN INITIALLY EMPLO		CE DATA		L CONTIN		<i>(**</i>		
2/1/20000000000000000000000000000000000	00 01 1000	abroad)	Sami	NCE IN CONTIN	ENIAL U.S.	(II appoi	nted	
PLACE IN CONTINENT & U.S. DESIGNATED AS DENCE	PERMANENT RESI-	HOME LEAV						
DENCE Same -							l	
2.	MARITAL S	TATUS (Chec	k one)					
SINGLE L MARRIED	SEPARATED	DIVORCE	D	WIDOWED		NNULLE		
IF MARRIED, PLACE OF MARRIAGE						Cun G		
IF DIVORCED PLACE OF DIVORCE DECREE					DATE OF			
· · · · · · · · · · · · · · · · · · ·	. A				DATE OF	DECKE		
IF WIDOWED, PLACE SPOUSE DIED			y		DATE SP	OUSE DII	ED	
	i i i	4.28						
IF PREVIOUSLY MARRIED, INDICATE NAME(S)	F SPOUSE, REASON	(S) FOR TERM	INATION, AN	D DATE(S)				
							I	
•		14		Ž.			- 1	
3.	MEMBER	S OF FAMILY						
NAME OF SPOUSE	ADDRESS (No.,	Street, City, Zo	ne,, State)		TELEPHONE	E NO.		
Mills, Marjorie E	Sam	e as a	horse		534.	003	[به ۲	
NAMES OF CHILDREN ADDRESS					SEX DATE OF BIRTH			
Wills, Erteory L.	S. Vin	+ Man			m 2			
Mills, Robert G.	36368	guena	2 St. Ja	11s Church	m	7 Leme	55	
Mills, Thomas s	11	•			m. 1 9	PLX	2	
MILIS, Thomas S, 11 IAME OF YOUR FATHER (Or male guardian) ADDRESS Partales MILI						TELEPHONE NO.		
						HONE NO.		
WHAT MEMBERS) OF YOUR FAMILY IF ANY HA	S REEN TOLD OF Y	OUR AFFILIAT	ION WITH TH	IE ORGANIZATI	ON IE CONT	ACT IS D		
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HA	سے	٠٠٠٠ ٨١١ ١١١٠٠		ie okoakieki i	OH II CONT	ACT 13 K	_	
	ERSON TO BE NOTIF	IED IN CASE	OF EMERGEN	ICY		· · · · · · · · · · · · · · · · · · ·		
NAME (Mr., Mrs., Miss) (Last-Figst-Middle,	1/1/	12		RELATIO	NSHIP			
Mills/Willard D. B						10-		
HOME ADDRESS (100), Street, City Zone, State) HOME TELEPHONE NUMBER								
BUSINESS ADDRESS (No., Street, City, Zone, State	CITCI MI	MUVILLE A	PRICABLE	BUSINESS	+ 000)_U		
1 (1) 5	Cechaical	2 (Austr	~7a	TELEPHONE	C & EXTE	NSION	
S THE INDIVIDUAL NAMED ABOVE WITTING OF	U -0 -0		"No" give no	me and address	of organiza-	1,		
tion he believes you work for.)			~			YES	4	
						NO		
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DEC give name and address of person, if any, who can ma	ISIONS ON YOUR BE ake such decisions in	HALF IN THE case of emerge	EVENT YOU	ARE INCAPABI	LE? (If "No"	YES	1	
						NO		
DOES THIS INDIVIDUAL KNOW THAT HE HAS BE	EN DESIGNATED AS	YOUR EMERG	ENCY ADDRI	ESSEE? (If anav	ver is "No"	YES	1	
explain why in item 6.)						NO		
The persons named in item 3 above may also b	e notified in case o	of emergency.	IF SUCH N	OTIFICATION	IS NOT DES	SIRABLE	BE-	
CAUSE OF HEALTH OR OTHER REASONS, F	LEASE SO STATE	IN ITEM 6 O	N THE REV	ERSE SIDE OF	THIS FOR	v1.		
	CONTINUED ON	I REVERSE SIL	DE					
CURRENT I	RESIDENCE AN	D DEPEND	ENCY RE	PORT				
FORM 61 USE PREVIOUS	CONFID	ENTIAL					(4)	
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				L	ATE: NO	v 4007		



5.			UNTARY E			
cates the settlement of	f estate and financial r t of vour disability or de	natters. The ath and will be	information e disclosed o	requested only when ci	in this sectio ircumstances	rsonal data often delays and compli- on may prove very useful to your famil warrant.
INDICATE NAME AND A	DDRESS OF ANY BANKI	NG INSTITUT	IONS WITH W	THICH YOU H	HAVE ACCOUN	NTS AND THE NAMES IN WHICH THE AC
2						
ARE YOU A MEMBER O	F THE NORTHWEST FE	DERAL CRED	IT UNION?	YES	Q NO	
IF YES, DO YOU HAVE		_ =		YES	NO NO	
	D A LAST WILL AND TE	STAMENT?	FTI VEA	NO.	(If #Vaa#	a in document located
	THE AND IS	- AVENT	YES	L NO.	, 4 os Wher	re le document located?)
					4.44.44.44.44.44.44.44.44.44.44.44.44.4	
HAVE YOU PREPLANN YES NO.	IED AN ARRANGED GUA . (If "Yes" give name(s)	RDIANSHIP O and address)	F YOUR CHI	LDREN IN C	ASE OF COMM	ION DISASTER TO BOTH PARENTS?
HAVE YOU EXECUTED	A POWER OF ATTORNE	Y? YE	ES NO). (If "Yes",	who possess ti	he power of attorney?)

6.	ADDITIONAL D	ATA AND/O	R CONTIN	UATION OF	PRECEDING	GITEMS
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