

INSTRUCTIONS: 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) (b)(6) (b)(3)  
 CARANCI John Charter

1. RESIDENCE DATA  
 PLACE OF RESIDENCE WHEN APPOINTED 5770 Edsall Rd. Alexandria Va  
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)  
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE 5770 Edsall Rd. Alexandria Va.

2. MARITAL STATUS  
 CHECK (X) ONE:  SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED  ANNULLED  
 IF MARRIED, INDICATE PLACE OF MARRIAGE St. Lawrence Church Centerville, R.I. DATE OF MARRIAGE 8/27/43  
 IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE  
 IF WIDOWED, INDICATE PLACE SPOUSE DIED DATE SPOUSE DIED  
 IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY  
 NAME OF SPOUSE ADDRESS (No., Street, City, Zone, State) TELEPHONE NUMBER  
 NAMES OF CHILDREN  
 NAME OF FATHER (OR MALE GUARDIAN) ADDRESS TELEPHONE  
 NAME OF MOTHER (OR FEMALE GUARDIAN) ADDRESS TELEPHONE  
 WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? Same as Above Same as Above  
 Wife - Mother & Father

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  
 NAME (Mr., Mrs., Miss) (Last-First-Middle) RELATIONSHIP Brother  
 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?  YES  NO Same as Above  
 IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?  YES  NO  
 DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?  YES  NO  
 THE PERSONS NAMED IN ITEM 4 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 7 ON THE REVERSE SIDE OF THIS FORM.

5. VOLUNTARY ENTRIES  
 INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS  
 Mt Vernon Bank & Trust Co Jefferson, Va.  
 CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

APPROVED FOR RELEASE DATE: 12-Nov-2008

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

*John C. Caranci*

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?

YES

NO

IF "YES", WHERE IS DOCUMENT LOCATED?

*Joseph R. Caranci*

[Redacted box]

HAVE YOU EXECUTED A POWER OF ATTORNEY?

YES

*Joseph R. Caranci*

*Address Same as Above*

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

*Soc Sec #*

[Redacted box]

SIGNED AT

*Wash. D. C.*

DATE

*15 March 57*

SIGNATURE

*John C. Caranci*