

MAG-29 FAMILY READINESS CONTACT INFORMATION

This Authorization is solely for use by the Unit, Personal and Family Readiness Program (UPFRP) and is not to be confused with the Record of Emergency Data (RED). While information provided may be the same for both the UPFRP Authorization and the RED, the RED is the official record and will be referred to for all official communication outside the parameters of the UPFRP, e.g. casualty notification.

PRIVACY ACT STATEMENT AUTHORITY: 10 USC 5013; EO 9397; 10 USC 5041 PRINCIPAL PURPOSE(S): To obtain required information for sponsors, spouses and designated contacts for the identified Unit, Personal and Family Readiness Program to enable the unit Commander and designated staff members and authorized volunteers to communicate in an accurate, rapid, and efficient manner with sponsor, spouse and Designated Contacts on matters relating to their Unit, Personal and Family Readiness Program. Access to personally identifiable information contained on data sheets will be on an official "need to know" basis and granted only to persons authorized with current certificates showing completion of requisite Personally Identifiable Information Training. ROUTINE USES(S): None.

DISCLOSURE: Participation is mandatory for sponsors. Sponsors must provide a primary and secondary contact path. It is also mandatory for married sponsors to provide a primary contact path for spouse or a signed Opt-out Form should the spouse choose not to participate. For military personnel, generally MCO 1754.9, chapter 2, paragraph 3.m and specifically chapter 4, paragraph 2.a(2)(3) are lawful orders and are punitive in nature. Violations may result in disciplinary action under Article 92 of Uniform Code of Military Justice, and/or other adverse administrative action. It is not mandatory for single sponsors to provide required information for anyone other than themselves. All designated contacts must be over the age of 18 with the exception of a spouse. The current Unique ID, "Last Name, Last Four" is required as it is essential to identify the sponsor and his/her designated contacts.

I hereby authorize the unit commander and designated members of the unit's Family Readiness Command Team, to include but not limited to, the unit Family Readiness Officer (FRO) and designated UPFRP Volunteers to communicate with my spouse*, and individuals I have listed below, hereinafter referred to as "Designated Contacts" on matters pertaining to the UPFRP. Designated Contacts must be 18 years of age or older, with the exception of a spouse.

Communication will be in compliance with Marine Corps Order 1754.9, Unit, Personal and Family Readiness Program, and deemed by the unit commander to be relevant, appropriate and in accordance with his vision and intent for his UPFRP. **The contacts listed will be the ONLY individuals able to receive information about the service member.** Email addresses are required. Please encourage family and friends that email is the main form of communication.

Sponsor Signature: _____

Sponsor Name: _____

Rank: _____

Date: _____

FOR OFFICIAL USE ONLY

CHECK IN DATE: _____ CHECK OUT DATE: _____ EDD: _____

| | | |
|--|--|--|
| DATABASE <input type="checkbox"/> | DISTRIBUTION LIST <input type="checkbox"/> | MASS COMMUNICATION DATABASE <input type="checkbox"/> |
| FAMILY READINESS NOTIFICATION <input type="checkbox"/> | WELCOME PACKET <input type="checkbox"/> | |

MAG-29 FAMILY READINESS CONTACT INFORMATION

PLEASE WRITE LEGIBLY!

SINGLE PERSONNEL:

BRANCH: _____ RANK: _____ SSN: _____ DOB: (mmdd) _____
(last 4 only) for eMarine

NAME: _____
(Last) (First) (M.I.)

WORK SECTION: _____
(i.e., S-1, Ground Supply, Fiscal)

LOCAL ADDRESS: _____
(FULL ADDRESS - NOT home of record) _____

HOME PHONE: _____ CELL PHONE: _____
(Area Code) Number (Area Code) Number

MEMBER'S WORK EMAIL: _____

MEMBER'S PERSONAL EMAIL: _____

CHILD(REN)'S NAME/DOB (IF APPLICABLE):

| (First | M.I. | Last) | (Date of Birth) | (School/Daycare) |
|---------------|-------------|--------------|------------------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Contact #1: _____ **Contact Code*:** _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

**E-mail Address: _____

Alternate E-mail: _____

***Contact Code: C = Child, F = Family Member or Other Contact, P = Parent, S = Spouse**

****Required**

MAG-29 FAMILY READINESS CONTACT INFORMATION

Contact #2: Contact Code*: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
****E-mail Address:** _____
Alternate E-mail: _____

Contact #3: Contact Code*: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
****E-mail Address:** _____
Alternate E-mail: _____

Contact #4: Contact Code*: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
****E-mail Address:** _____
Alternate E-mail: _____

NOTES:

***Contact Code: C = Child, F = Family Member or Other Contact, P = Parent, S = Spouse**

****Required**