

OFFICER SOCIAL ROSTER INFORMATION

RANK & NAME: _____

NICK NAME: _____

DATE REPORTED: _____, ENDING DATE LAST FITREP: _____

LAST DUTY STATION: _____

DEPARTMENT ASSIGNED _____, PHONE NUMBER: _____

SPOUSES' S NAME: _____

HOME ADDRESS: _____
(including Zip Code)

HOME PHONE: _____

DEPENDENTS' NAME, AGE, & SEX: _____