

Young Marine Record Book

Personal Information

Part I

Enrollment Date: _____ Rank: _____
Last Name: _____ First Name: _____ Middle Initial _____
Male/ Female: _____ Date of Birth: _____ Social Security Number: _____
Young Marine's Email Address: _____ Expected H.S. graduation date (mm/yyyy) _____
Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Living with: _____ Mother & Father _____ Mother _____ Father _____ Legal Guardian

Mother's Information

Last Name: _____ First Name: _____ Middle Initial _____
Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email Address: _____

Father's Information

Last Name: _____ First Name: _____ Middle Initial _____
Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email Address: _____

Legal Guardian's Information

Last Name: _____ First Name: _____ Middle Initial: _____
Jurisdiction and Court Docket Number: _____
Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email Address: _____

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