

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:	_____
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:	_____		