



# Commander U.S. 7th Fleet - Family Information Sheet

Dear C7F Families,

To enable us as your Ombudsman Team to contact you regarding official matters or in case of an emergency, please provide the information that is requested below. Your personal information will not be used by anyone other than the Ombudsman Team for official purposes. In order to receive information by the fastest means possible please provide us with your email address.

In addition this will enable you to receive and review the C7F Ombudsman newsletter and other updates as they arise.

Please fill in your information and submit via one of the following methods:

Email: [ombudsman.c7f@gmail.com](mailto:ombudsman.c7f@gmail.com); submit in person to the ombudsmen; route to the SEL; or Mail to: C7F Ombudsman Team – COMSEVENTHFLT Unit 25104, FPO AP 96601-6003

Sponsor's Name: \_\_\_\_\_ Rate/Rank: \_\_\_\_\_

Sponsor's SS#: (last 4) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dept/Div: \_\_\_\_\_

PRD: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Additional Family members/loved ones e-mail and or mailing addresses that you wish to receive communication (e.g. Newsletters):  
\_\_\_\_\_  
\_\_\_\_\_

Children: Names, Date of Birth, Name of School, Grade  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Dependents: \_\_\_\_\_

Local Emergency Contacts: (Outside of immediate family members)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Next of Kin: (Other than those living in your home)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Next of Kin:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

May we have your permission to include your name on the Telephone Tree? Yes / No

Are you interested in being a Key Caller for the Telephone Tree? Yes / No

Is English your primary language? Yes / No (If NO, please state \_\_\_\_\_)

Are you willing and able to translate English into Japanese? Yes / No / NA

How long has your family been attached to C7F? \_\_\_\_\_ Years \_\_\_\_\_ Months

Would you say that your welcome to Japan was satisfactory? Yes / No / Partially

What do you feel is lacking in terms of family support?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an up to date FAST FILE registered at the FAST Office?

Yes / No / I Don't Know

**Please include any additional details on the reverse of this form.**

Questions? Call Your Ombudsman Team: Jodi Linney and Marie Oliveria

Contact Information: Cell – 080-2184-5182 Email: [ombudsman.c7f@gmail.com](mailto:ombudsman.c7f@gmail.com)