

**NORTH IDAHO MILITIA**

**Change of Next of Kin**

**NAME (Last, First, Middle) :** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Unit :** \_\_\_\_\_

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**NEXT OF KIN**

**Name (First, Middle, Last) :** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt / Unit :** \_\_\_\_\_

**City :** \_\_\_\_\_ **State / Province :** \_\_\_\_\_ **Postal Code :** \_\_\_\_\_

**Telephone : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County :** \_\_\_\_\_

I, the undersigned, do hereby certify that I wish to have my Next of Kin on file changed to the above person, and to have them notified according to my wishes on my form I-b, Militia Disposition Record.

**Soldier's Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Witnessing Officer's Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_