

NORTH IDAHO MILITIA

Change of Next of Kin

NAME (Last, First, Middle) : _____

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

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 :** _____