

# ADDITIONAL FAMILY INFORMATION

## SPOUSE

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Female \_\_\_\_ Male

Is your spouse a DCSC member on the family membership (\$85)? \_\_\_\_yes \_\_\_\_no

Last four digits of spouse's FOID card # \_\_\_\_\_

FOID Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (if different from primary member):

\_\_\_\_\_

### **Children/Grandchildren between 10-17 years of age (use back of form to provide additional information if necessary)**

First name: \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_

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First name: \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_

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First name: \_\_\_\_\_ Last name \_\_\_\_\_

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