

**Contact Information for Family Members for
Family Member Travel Screening (FMTS)
And EFMP Enrollment**

**PLEASE FILL OUT FORM COMPLETELY
PLEASE PRINT CLEARLY**

Sponsor's name: _____ Sponsor's SSN#: _____

Sponsor's phone number(s): _____ Sponsor's DOD ID# _____

Overseas PinPoint Location if applicable: _____

Report Month/Year if applicable: _____

Sponsors Official Email: _____

Family member name(s) and Dates of Birth and DoD ID:

	NAME	DOB	DOD ID		NAME	DOB	DOD ID
1				4			
2				5			
3				6			
4				8			

Have any family members had a name change within the last 5 years? Please List

Family Member's Email address:

Phone number(s) where your family can be contacted immediately:

Home: _____

Cell: _____

Work: _____

County of Residence: _____

Family Member's Mailing Address where they can be reached:

**DOUBLE CHECK THE ABOVE INFORMATION FOR ACCURACY.
Please be certain to tell your family someone from EFMP will be contacting them shortly!**