

APPENDIX D

REQUEST FOR ID CARD, CHANGE OF ADDRESS,
EMPLOYER, EMERGENCY CONTACT

INDIANA GUARD RESERVE

NAME: _____ . RANK: _____ . SSN: _____ .

ORGANIZATION: _____ . UNIT CODE: _____ .

A. IDENTIFICATION CARD: _____ . INITIAL ISSUE. _____ . REPLACEMENT ISSUE.

Height: _____ . Weight: _____ . Blood Type: _____ . Color Hair: _____ . Color Eyes: _____ .

Reason for Initial or Replacement Issue: _____ .

B. CHANGE OF HOME ADDRESS:

(Number and Street) (City)

(County) (State) (Zip Code + 4) (Area Code + Phone Number)

Email address: _____

C. CHANGE OF EMPLOYER:

(Place of Employment) (Number and Street)

(City) (County) (State) (Zip Code + 4) (Area Code + Phone Number)

D. CHANGE IN EMERGENCY CONTACT:

(Name) (Relationship)

(Number and Street) (City)

(County) (State) (Zip Code + 4) (Area Code + Phone Number)

Change Request forwarded to Brigade: _____
(Date) (Unit Commander)

Change Request forwarded to HQ, IGR: _____
(Date) (Brigade Commander)

JFHQIN-IGR Form 4R (1 October 2007)
(Supersedes JFHQIN-IGR Form 4R dated 1 November 2006)