

# Revisit Korea Family Application Form

## MIA/KIA Serviceman:

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Last Name:                      First Name:                      Date of Birth:  
Service Branch:              Service Number:              Rank:  
Military Unit:  
MIA or KIA?              Loss Date:              Place of Loss:

## Family Member:

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Relationship to Serviceman:              Primary Next-of-Kin?              On DPAA mailing list?  
Last Name\*:                      First/Middle Name(s):  
Address:                      City:                      State, Zip:  
Phone:                      Cell:                      Email:  
Date of Birth:                      Passport No:                      Expiration Date:  
Your Military Service:                      Status:                      Rank:  
Emergency Contact- Last Name:                      First Name:  
Address:                      City:                      State, Zip:  
Phone:                      Cell:                      Email:

Travel Health Insurance Provider:

Policy Number:                      Request wheel chair:

Please indicate any health issues and dietary preferences/restrictions the on-site medical staff should be aware of:

## Companion:

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Relationship to Serviceman or above Family Member:  
Last Name\*:                      First/Middle Name(s):  
Address:                      City:                      State, Zip:  
Phone:                      Cell:                      Email:  
Date of Birth:                      Passport No:                      Expiration Date:  
Your Military Service:                      Status:                      Rank:  
Emergency Contact- Last Name:                      First Name:  
Address:                      City:                      State, Zip:  
Phone:                      Cell:                      Email:

Travel Health Insurance Provider:

Policy Number:                      Request wheel chair:

Please indicate any health issues and dietary preferences/restrictions the on-site medical staff should be aware of:

\* Please provide your name as it appears on your Passport.



Send completed form as an email attachment to: [heroesremembered5053@gmail.com](mailto:heroesremembered5053@gmail.com)