



Family Information

Form DSBL 6 – Revised 12/1/2013

Please print or type in black ink. Complete, number, and attach as many forms as needed to Form DSBL 1 and mail or fax completed forms to PERS. See bottom of form for contact information.

1 Applicant Information – To be completed by the member or an authorized representative of the member.

First Name: _____ MI: _____ Last Name: _____

Social Security No.: _____ Birth Date mm/dd/ccyy: _____

2 Spouse Information

First Name: _____ MI: _____ Last Name: _____ Gender: M F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

3 Dependent Children – For each dependent child listed, attach copy of birth certificate and, for non-biological dependent children, custody papers or other legal documents.

1. First Name: _____ MI: _____ Last Name: _____ Gender: M F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

Dependent Related by: Birth Marriage Adoption Legal Guardianship Legal Custody

2. First Name: _____ MI: _____ Last Name: _____ Gender: M F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

Dependent Related by: Birth Marriage Adoption Legal Guardianship Legal Custody

3. First Name: _____ MI: _____ Last Name: _____ Gender: M F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

Dependent Related by: Birth Marriage Adoption Legal Guardianship Legal Custody

4. First Name: _____ MI: _____ Last Name: _____ Gender: M F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

Dependent Related by: Birth Marriage Adoption Legal Guardianship Legal Custody

4 Applicant Authorization – I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Applicant Signature: _____ Date mm/dd/ccyy: _____