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REQUEST FOR DEPENDENTS' BRIEFING				
REQUEST TOR DETERMENTS DATE THO				
SUBMIT IN DUPLICATE FOR EACH DEPENDENT TO YOUR TRAINING OFFICER				
SPONSOR				
NAME (Last) (First) (Initial) DATE OF BIRTH				
O'Connell, James P.		1917		
DIVISION	BRANCH		DESK	
Office of Security	Operation	al Support Division		
GRADE	TITLE			EXTENSION
GS-15	Chief, OS	D		6653
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Army				
ADULT DEPENDENT				
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EXTENT OF ANTICIPATED OPERATIONAL CONTACT				
Not applicable				
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