



## MARSOC Media Embed Request Form

### PERSONAL DATA

Full Name:  SSN:   
Email Address:  Date of Birth:   
Weight:  Blood Type:  Passport #:   
Country of Origin:  Current Location:

### MEDICAL HISTORY

Are you allergic to any medications?   
To your knowledge do you have any heart conditions?   
Do you have any disabilities that prohibit you from running?   
List any other medical conditions that may be of concern during your embed?

***In the unlikely event of an emergency, death or declared missing, please list next of kin or other person(s) you would like for us to contact on your behalf for notification.***

### First Contact

Name:  Relationship:   
Address:   
Phone Number:  Email Address:

### Second Contact

Name:  Relationship:   
Address:   
Phone Number:  Email Address:

### AGENCY INFORMATION

Agency Name:   
Address:   
Phone Number:  Manager's Name/Title:   
Manager's Email Address:

## EMBED INFORMATION

What date are you requesting to begin your embed?

What date are you requesting to disembed? Note: SOCOM Public Affairs limits all embeds to 48 hrs per unit.

What geographic location(s) do you wish to embed?

Are you Print, Broadcast Journalist, Photographer or other? (Please State)

What area(s) do your Agency(ies) cover?

List internet links or provide copies of samples of work done through agencies.

How many travel bags do you intend to bring and weight of each?

Do you have your own Body Armor/Kevlar? *\*(Requirement)*

***Please provide a brief but detailed purpose of why you are requesting to embed, your story angle(s) and the intent of your coverage in the below box:***

***Please give a brief but detailed biography of yourself to include photograph in the below box:***