

CASUALTY ASSISTANCE REPORT

For use of this form, see AR 600-8-1; the proponent agency is DCS, G-1.

DATE

TO:

FROM:

DECEASED OR MISSING

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

2. GRADE

3. DCIPS NUMBER

3. ORGANIZATION AND STATION

4. Death or Missing Status

a. DATE

b. PLACE

5. Death - Interment

a. DATE

b. PLACE

NEXT OF KIN AND DEPENDENTS

6. GIVE NEXT OF KIN FIRST AND ADULT NEXT OF KIN SECOND, INDICATE IF SAME.

LAST NAME - FIRST NAME - MIDDLE INITIAL	ADDRESS	RELATIONSHIP	CONTACTED	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

7. a. NEW ADDRESS OF NEXT OF KIN (No., street, city, and state). IF MOVING b. SCHEDULED DATE OF ARRIVAL

IN THE FOLLOWING LIST OF ACTIONS AND/OR BENEFITS INDICATE THE DATE OR DATES THAT ACTION WAS TAKEN. SPECIFY TYPE OF ACTION AS FOLLOWS: COUNSELLING (C), ASSISTANCE (A) OR REFERRAL (R), CLAIM OR APPLICATION SUBMITTED (CS), NO ACTION REQUIRED (NA), COUNSELLED, NO ACTION REQUIRED (CNA).

ITEM	ACTION	DATE(S)
8. Initial Contact Made (include time with date) ¹		
9. Death Gratuity Pay ²		
10. DA Pamphlet 608-4 Furnished (Active)		
11. DA Pamphlet 600-5 Furnished (Retired)		
12. Burial Arrangements and Rights		
a. Funeral Services		
b. Military Honors		
c. National or Post Cemetery		
d. Assistance at National/Post Cemetery		
e. Flag to Drape Casket		
f. Headstone or Marker or Monetary Allowance		
g. Reimbursement for Preparation and Transportation of remains if privately arranged ²		
h. Interment Allowance ²		
13. Financial Assistance (AER, ARS, or ARC) ¹		
14. Unpaid Pay & Allowance		
15. Veterans Education Asst Program		

¹ Which may be applicable to "missing" personnel cases.

² NOT generally applicable to retired personnel cases.

CONTINUED ON REVERSE

M	TAB	TAB
ITEM	ACTION	DATE(S)
17. Allotment Adjustments <i>(Missing cases only)</i> ^{1,2}		
18. Official Statement of Death		
19. Will And/Or Personal Affairs Record		
20. Travel of Dependents ^{1,2}		
21. Assistance at Intermediate Points		
22. Movement of Household Goods ^{1,2}		
23. Personal Effects ^{1,2}		
24. Decorations and Awards ^{1,2}		
25. Claims for Loss or Destruction of Personal Property ^{1,2}		
26. Claims in Favor of U.S. <i>(AR 27-40)</i>		
27. Government Life Insurance <i>(USGLI, NSLI, and SGLI)</i>		
28. Commercial Life Insurance		
29. Settlement of Accounts		
30. United States Savings Bonds		
31. Survivor Benefit Plan		
32. Ret Servicemen's Family Protection Plan		
33. Uniformed Services Identification and Privilege Card ¹ <i>(DD Form 1173)</i> ¹		
a. Medical Care ¹		
b. Commissary Store Privilege ¹		
c. Post Exchange Privilege ¹		
d. Military Motion Picture Theater Privilege ¹		
34. Social Security Lump-Sum Payment for Burial Expenses		
35. VA Burial Allowance <i>(Retired cases only)</i>		
36. VA Compensation or Pension		
37. Social Security Benefits		
38. Homestead Preference		
39. Home Loan Guaranty by VA		
40. Railroad Retirement Death Benefits		
41. State Benefits		
42. Education of Children		
43. Civil Service Survivor Annuities		
44. Civil Service Job Preference		
45. Legal Assistance ¹		
46. Income Tax ¹		
47.		
48. REMARKS: <i>(Give any favorable or unfavorable comments made by next of kin. Express attitude shown toward DA, whether appreciative or critical.)</i>		

49. TIME AND DATE CASE RECEIVED BY ASSISTANCE OFFICER

50. DATE CASE COMPLETED

TYPED NAME AND GRADE OF CASUALTY ASSISTANCE OFFICER

SIGNATURE OF CASUALTY ASSISTANCE OFFICER

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