

# CASUALTY ASSISTANCE CHECKLIST

(to be completed by retired Soldier and/or spouse and kept in your files for your survivors to use)

Name: Social Security Number:  
Date of Birth: Place of Birth:  
Date of Retirement: Retired grade/rank:  
Enrolled in RSFPP, SBP (circle all that apply) Did you disenroll from SBP? YES NO  
VA Claim #:  
Eligible to draw VA disability compensation (even if not in receipt now): YES NO  
Receiving Social Security? YES NO If yes, age at which first received:  
Organ donor? YES NO (circle one)  
Is there a living will? YES NO

## SPOUSE INFORMATION

Name: Date of birth: SSN:

## MARRIAGE INFORMATION

Date of Marriage: Place of Marriage (City, State, Country):

## CHILD(REN) INFORMATION

Name Birthdate Address/Phone/E-mail Capable of self-support?

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## INSURANCE POLICIES

Policy # Company Amount (include "as of" date) Beneficiary Agent phone/E-mail/Web site

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## LONG TERM CARE INSURANCE

Policy# Company Type of coverage Agent phone/E-mail/Web site

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**INVESTMENTS**

Type (IRA, CD, Mutual Fund)    Company    Amount (include "as of" date)    Agent phone/E-mail/Web site

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**BANK ACCOUNTS**

Bank Name    Account #    Type of Acct    Amount (include "as of" date)    Phone/Web site

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**CREDITORS**

Name & Address    Account #    Balance Due (include "as of" date)    Life insurance?    Phone/E-mail

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**BURIAL INFORMATION**

Who should be notified of your death:

Name    Relationship    Address    Phone/E-mail

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Do you want a military honor guard? YES NO

Do you want to be (circle one): Buried    Cremated?

Have you purchased a burial plot? YES NO    If yes, where? \_\_\_\_\_

Name, location of cemetery where you want to be buried: \_\_\_\_\_

Do you want to be buried in your uniform? YES NO    If yes, where is it? \_\_\_\_\_

Do you want a memorial service? YES NO    If yes, where? \_\_\_\_\_

Do you have a preference of funeral home? YES NO    If yes, which one? \_\_\_\_\_

## **LOCATION OF DOCUMENTS**

<b><u>DOCUMENT</u></b>	<b><u>LOCATION</u></b>
Living Will	_____
Current Retired Pay Statement	_____
Marriage Certificate (s)	_____
Divorce Decree(s)/property settlement(s) (from previous marriage(s) of retired Soldier or spouse)	_____ _____
Death certificate(s) (from previous marriage(s) of retired Soldier or spouse)	_____
Birth certificates/adoption papers (retired Soldier, spouse, children)	_____ _____
DD Form(s) 214 (Active Duty Discharge Record ) (for all periods)	_____
Retirement Orders	_____
Safe-Deposit Box List Contents	_____ _____ _____
Will	_____
Vehicle Registration & Title	_____
Insurance policies	_____
Investment papers	_____
Burial plot information	_____
Uniform for burial	_____
Medical and dental records	_____
Real Estate deeds	_____
Tax returns	_____
Other	_____

## **PHONE/E-MAIL/WEB SITES**

### **Social Security Administration**

1221 Nevin Ave  
PO Box 2072  
Richmond, CA 94802-1779  
Phone – 1-800-772-1213  
Web site <http://www.ssa.gov>

### **VA**

1-800-827-1000;  
VA Insurance 1-800-669-8477  
Web site <http://www.va.gov>

### **Gowen Field Retired services Representative**

Maggie Anderson 208-272-3815

### **Defense Finance and accounting Services (DFAS)**

PO Box 99191  
Cleveland, Ohio 44199-1126  
Phone 1-800-321-1080

### **OPM Retirement Program**

Retirement and Insurance Program  
1900 E. St. N. W.  
Washington, D.C 20415-3532  
Phone 1-202-606-5148 or 5149

## MY RECORD OF PERSONAL AFFAIRS

First	Middle	Last
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Retired Grade	Service	Social Security Number
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Street Address	City and State	Zip Code
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Service Number	VA Claim No (if applicable)
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Date and type of retirement: \_\_\_\_\_

Signature	Date
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### PERSONAL RECORD:

1. Place and date of birth: \_\_\_\_\_  
Town State Month/Day/Year

2. Naturalization (if applicable): \_\_\_\_\_

by: \_\_\_\_\_  
Designation and location of court granting naturalization

### 3. Parents' name:

Father: \_\_\_\_\_  
First Middle Last

Date and place of birth \_\_\_\_\_

Mother: \_\_\_\_\_  
First Middle Last

Date and place of birth \_\_\_\_\_

(Attach additional sheets as necessary)

4. Your marriage(s):

To whom: \_\_\_\_\_  
First Middle Last

Place and date: \_\_\_\_\_  
Town State Month/Day/Year

If terminated, show reason, place, and date: \_\_\_\_\_

To whom: \_\_\_\_\_  
First Middle Last

Place and date: \_\_\_\_\_  
Town State Month/Day/Year

If terminated, show reason, place, and date: \_\_\_\_\_

5. Children (full name, place and date of birth; if living apart from parent, list address – minors indicate name of guardian)

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6. Name and address of personal lawyer or trusted friend who may be consulted in regard to my personal or business affairs:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address Town State Zip Telephone

**FAMILY RECORDS LOCATION:**

1. Birth certificates or other proof of date of birth for self and each member or immediate family member:

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2. Adoption papers (if applicable):

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3. Naturalization papers (if applicable):

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4. Marriage certificate:

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5. Divorce decree, death certificates or certified copies thereof (in case of either spouse):

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**MILITARY SERVICE PERSONNAL FILE LOCATION:**

Retirement order, separation papers, awards and decorations, personal medical records, etc.

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**OTHER IMPORTANT PAPERS:**

1. Will: I have/have not executed a will.

a) Will located at: \_\_\_\_\_

b) Executor's name and address: \_\_\_\_\_

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c) Lawyer's name and address: \_\_\_\_\_

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2. Power of Attorney: I have/have not executed a Power of Attorney, dated: \_\_\_\_\_  
Month/Day/Year

Naming: \_\_\_\_\_  
Agent or attorney in fact Address

3. Income Tax: Copies of my federal and state income tax returns and related papers are located at:

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4. Other taxes: Copies of \_\_\_\_\_ tax returns and related papers are located at:  
Property, etc.

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**BANK ACCOUNTS** (Include Credit Union, Savings & Loan Association, IRA, 401K):

1. Type of account:

Checking/Savings Acct #	Joint/Individual	Name/location of Bank
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Checking/Savings Acct #	Joint/Individual	Name/location of Bank
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Checking/Savings Acct #	Joint/Individual	Name/location of Bank
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2. Location of passbooks for savings accounts:

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3. Location of statements/canceled checks for checking account:

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**Charge Accounts and Credit Cards** (include Account Numbers):

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**Safety Deposit Box:**

1. Name of bank or trust company: \_\_\_\_\_

Address \_\_\_\_\_

2. Location of Key: \_\_\_\_\_

**United States Savings Bonds:**

1. Where kept: \_\_\_\_\_

2. Approximate value: \_\_\_\_\_ (attach listing of serial numbers and denominations)

**Stocks, Bonds and Securities Owned:**

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**Property Ownership or Interest:**

Real Estate located at: \_\_\_\_\_

The property is encumbered by a \_\_\_\_\_  
Mortgage/Trust/Deed/Etc. Held by

The property is insured with \_\_\_\_\_  
Insurance company Policy #

The papers are located at: \_\_\_\_\_  
Location of deed, abstract, mortgage, insurance, contracts and other papers

**Life Insurance:**

1. I have the following types of life insurance: ☐ Government ☐ Commercial ☐ Both

2. Insurance Company Policy Number Face Value Payment Options

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3. The policies are located at: \_\_\_\_\_

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**Other Insurance:**

1. I have the following health, property, accident, liability or other insurance coverage:

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2. Insurance Company Type of Coverage Policy Number Amount

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3. The policies are located at:

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**Annuities: Survivor Benefit Plan (SBP)/SSBP, Retired Serviceman's Family Protection Plan (RSFPP), Civil Service, etc.:**

1. Annuities are payable as follows: ☐ Government ☐ Commercial ☐ Both

2. SBP/SSBP payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Current amount \$ \_\_\_\_\_ per month (increased whenever retired pay is raised)

3. RSFPP payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Current amount \$ \_\_\_\_\_ per month (fixed amount)



4. Other annuities: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Amount \$ \_\_\_\_\_ per month

5. Annuity papers located at: \_\_\_\_\_

**Employer:**

Employer \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Survivor Benefits:

**Military Retired Pay:**

1. Defense Finance and Accounting Center/Service Finance Center that pays my military retired pay:

2. Retired pay now being sent to: \_\_\_\_\_  
Indicate home address or bank

3. If you have waived all or part of your military retired pay in favor of Department of Veterans Affairs (VA) disability compensation or combined civil service payment, list these offices below:

VA Claim No. \_\_\_\_\_ VA Office Address \_\_\_\_\_

CSA Number \_\_\_\_\_ Civil Service Address \_\_\_\_\_

4. The following deductions (payments of insurance premiums etc) are currently made from my retired pay:

Amount	Purpose
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5. I have designed the following person as beneficiary of any unpaid retired pay at the time of my death:

\_\_\_\_\_  
Name, relationship and address

**Names, Addresses, and Telephone Nos. of Friends or Business Associates Who May Be Helpful:**

Name Address Telephone No.

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**Survivor Assistance Office – Nearest Military Installation:**

Whenever possible, the military departments will designate an officer to assist the surviving spouse in funeral and burial arrangement and to advise and assist in applying to the various government agencies for benefits that might be payable. In some installations, the offices that render assistance might be referred to as the casualty assistance office, survivor assistance office, personal affairs office or retirement services office.

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Name of installation

Telephone No.

**Identification Cards:**

Your spouse should turn in all military ID cards, and obtain a new card for him/herself and any eligible children.

**Department of Veterans Affairs:**

1. Your surviving spouse may be eligible for Dependency and Indemnity Compensation (DIC), or might qualify for a small non-service connected death pension, or your dependent children may qualify for benefits.
2. Even if a surviving spouse is not eligible for DIC or a death pension, burial allowances will be payable. As a general rule, the funeral director will assist in claiming this benefit.
3. My VA Claim number (if any) is: \_\_\_\_\_
4. Location of my personal papers: \_\_\_\_\_
5. Nearest VA office: \_\_\_\_\_

Address

Phone No,

**Social Security Administration:**

1. If there are dependent children, your spouse will be entitled to survivor benefits until the youngest child reaches age 16. If there are no dependent children, your spouse will be eligible for benefits at age 60 (50 if disabled). A burial allowance up to \$255 is payable. These benefits are, of course, dependent on your entitlement to Social Security benefits. Your spouse should contact the nearest office and file an application to determine eligibility.
2. My Social Security Number is \_\_\_\_\_
3. Location of my personal Social Security papers: \_\_\_\_\_
4. Social Security Office: \_\_\_\_\_

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Address

Telephone No.

## Funeral and Burial Arrangements:

1. The funeral director is usually well-informed regarding the administrative details of a military retiree's death. You will need to order about 15 copies of the Death Certificate.

2. Name of Funeral Director:

Name	Address	Telephone No.
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3. If cremation is desired, consult your funeral director for instructions. Requests for cremation vary from state to state, and some require a letter of authority signed by the deceased. Such a letter should be filed with your personal papers. If burial at sea is desired, a letter so stipulating should be prepared and filed with your papers.

4. Church and clergy. Depending on religious preference or affiliation, a clergyman may be either essential or merely of assistance. Families with strong religious ties should consult their clergyman before making funeral arrangements.

Clergyman	Church Telephone No.
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Address	Home Telephone No.
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5. If burial will be in a national cemetery, list the following information to expedite verification of entitlement:

Retired Grade	Date of Birth	Military Service: USA, USN, USMC, USAF, USCG, etc.
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Social Security No.	Date of Last Active Duty	Type of Retirement: Service, Disability, Reserve Age 60, etc.
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**Any additional information:**

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## NOTIFICATION OF DEATH OF RETIRED MILITARY PERSON

Date: \_\_\_\_\_

From: \_\_\_\_\_  
Full next of surviving spouse, next of kin, executor

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

To: \_\_\_\_\_

1. This is to inform you that \_\_\_\_\_  
Last First Middle

Grade Service Number Social Security Number

died on \_\_\_\_\_.  
Date

2. Copy of Death Certificate is enclosed

3. I am the surviving spouse/child/executor/other (explain)

\_\_\_\_\_  
4. My Social Security Number is \_\_\_\_\_

5. My telephone number is \_\_\_\_\_

6. My e-mail address is \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature

Enclosure – Death Certificate

Army, Navy, Marine Corps, Air Force  
Defense Finance and Accounting Service  
Cleveland Center  
Code PRRCA  
PO Box 99191  
Cleveland, OH 44199-1126  
800-321-1080 (casualty number only)  
fax: 800-469-6559  
Coast Guard

Commanding Officer  
United States Coast Guard  
Human Resources Services &  
Information Center (RAS)  
444 S Quincy St.  
Topeka, KS 66683-3591  
800-772-8724 or 785-339-3415  
[hrsic-ras@hrsic.uscg.mil](mailto:hrsic-ras@hrsic.uscg.mil)