

PRIMARY/SECONDARY NEXT OF KIN INFORMATION

(PLEASE NOTE THAT NEXT OF KIN INFORMATION IS REQUIRED OF THE
DECEDENT'S PARENTS)

SUPPORTING DIRECTIVE MILPERSMAN ARTICLE 1770-160

PRIVACY ACT INFORMATION

AUTHORITY: 10 USC 113 AND 5 USC 552A

PRINCIPLE PURPOSE: TO OBTAIN PERSONAL INFORMATION FROM FAMILY MEMBERS OF DECEASED
SERVICEMEMBERS.

ROUTINE USES: NAVY CASUALTY ASSISTANCE DIVISION (N152) WILL ONLY USE THIS INFORMATION IN PROCESSING
YOUR CASE TO INCLUDE THE CERTIFICATION OF BENEFITS, ENTITLEMENTS AND NOTIFICATION OF NEXT OF KIN (NOK).
DISCLOSURE: DISCLOSURE IS VOLUNTARY. SHOULD YOU CHOOSE NOT TO DISCLOSE THE REQUESTED INFORMATION,
PAYMENT OF BENEFITS AND ENTITLEMENTS MAY BE DELAYED. USE OF THIS INFORMATION WILL BE USED INTERNAL
TO THE NAVY CASUALTY ASSISTANCE DIVISION AND WILL NOT BE RELEASED WITHOUT YOUR WRITTEN PERMISSION.

DECEDENT'S FULL NAME (LAST, FIRST, MIDDLE):

SSN:

PRIMARY NEXT OF KIN INFORMATION

FULL NAME (FIRST, MIDDLE, LAST):

RELATIONSHIP TO DECEASED:

SSN:

DATE OF BIRTH:

NOTIFICATION TIME/DATE:

NOTIFIED BY:

ADDRESS (ZIP+4):

NAME AND ADDRESS (IF ADDRESS IS DIFFERENT FROM ABOVE, INDICATE MAILING ADDRESS (ZIP+4)):

HOME PHONE NUMBER:

WORK PHONE NUMBER:

CELL PHONE NUMBER:

EMAIL ADDRESS:

SECONDARY NEXT OF KIN INFORMATION

FULL NAME (FIRST, MIDDLE, LAST):

RELATIONSHIP TO DECEASED:

SSN:

DATE OF BIRTH:

NOTIFICATION TIME/DATE:

NOTIFIED BY:

ADDRESS (ZIP+4):

NAME AND ADDRESS (IF ADDRESS IS DIFFERENT FROM ABOVE, INDICATE MAILING ADDRESS (ZIP+4)):

HOME PHONE NUMBER:

WORK PHONE NUMBER:

CELL PHONE NUMBER:

EMAIL ADDRESS:

**PLEASE COMPLETE WITHIN 24 HOURS.
WHEN COMPLETED, FAX TO REGIONAL COORDINATOR AND N-152 AT
(901) 874-6654**

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
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www.usa-federal-forms.com**

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www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

<p align="center">PRIMARY/SECONDARY NEXT OF KIN INFORMATION <i>(CONTINUED)</i> <i>(PLEASE NOTE THAT NEXT OF KIN INFORMATION IS REQUIRED OF THE DECEDENT'S PARENTS)</i></p>	<p>SUPPORTING DIRECTIVE MILPERSMAN ARTICLE 1770-160</p>
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<p>DECEDENT'S FULL NAME <i>(LAST, FIRST, MIDDLE)</i>:</p>	<p>SSN:</p>
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LIST OF DEPENDENT CHILDREN <i>(IF APPLICABLE)</i>
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NAME	DOB	SSN	CUSTODIAN'S NAME

<p>NOTIFICATION TIME/DATE:</p>	<p>NOTIFIED BY:</p>
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CACO INFORMATION IS VERIFIED AS FOLLOWS
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<p>NAME <i>(LAST, FIRST, MIDDLE)</i>:</p>	<p>RANK/RATE:</p>	<p>DUTY STATION:</p>
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STREET ADDRESS FOR BENEFITS PACKAGE *(INDICATE HOME OR COMMAND ADDRESS)* *(FEDEX ADDRESS (ZIP+4))*:

HOME PHONE	OFFICE PHONE:	CELL PHONE:	FAX NUMBER	EMAIL ADDRESS:
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SERVICING PSD <i>(IF APPLICABLE)</i>

<p>NAME AND LOCATION OF PSD:</p>	<p>POC:</p>
<p>PHONE NUMBER:</p>	<p>FAX NUMBER:</p>

ADDITIONAL NOTES *(EXAMPLES: WILL? PE?)*

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**PRIMARY/SECONDARY
NEXT OF KIN INFORMATION (CONTINUED)**

*(PLEASE NOTE THAT NEXT OF KIN INFORMATION IS REQUIRED OF THE
DECEDENT'S PARENTS)*

SUPPORTING DIRECTIVE MILPERSMAN ARTICLE 1770-160

OTHER NOK INFORMATION

NOK FULL NAME (FIRST, MIDDLE, LAST):	RELATIONSHIP TO DECEASED:	SSN:
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DATE OF BIRTH:	NOTIFICATION TIME/DATE:	NOTIFIED BY:
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ADDRESS (ZIP+4):

NAME AND ADDRESS (IF ADDRESS IS DIFFERENT FROM ABOVE, INDICATE MAILING ADDRESS (ZIP+4)):

HOME PHONE NUMBER:	WORK PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS:
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NOK FULL NAME (FIRST, MIDDLE, LAST):	RELATIONSHIP TO DECEASED:	SSN:
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DATE OF BIRTH:	NOTIFICATION TIME/DATE:	NOTIFIED BY:
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