

This is a web-optimized version of this form.

Download the original, full version:

www.usa-federal-forms.com/download.html

Convert any form into fillable, savable:

www.fillable.com

Learn how to use fillable, savable forms:

Demos: www.fillable.com/demos.html

Examples: www.fillable.com/examples.html

Browse/search 10's of 1000's of U.S. federal forms converted into fillable, savable:

www.usa-federal-forms.com

CASUALTY ASSISTANCE SUMMARY (Transmittal)

F#:

TO (Type full address and DSN)		FROM (Type full address and DSN)		CAR'S LAST NAME	DATE (Date forwarded)	
1st IND TO		FROM		CAR'S LAST NAME	DATE	
1. NAME (Last, First, Middle Initial)		2. SSN	3. GRADE Select One		4. DATE OF DEATH	
5. DATE FIRST CONTACT MADE TO NOK		6. <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED, Date of Retirement:				
7. MANNER/CAUSE OF DEATH (PER DEATH CERTIFICATE/DD FORM 1300, REPORT OF CASUALTY)						
8. PERSON(S) ASSISTED						
A. NAME, RELATIONSHIP AND						
B. ADDRESS (Include ZIP Code) AND PHONE						
C. MINOR CHILDREN (Name, SSN, DOB, Address and Guardian if other than widow/er) (Continue in Item 12, reverse page)						
9. PARENTS - DATE ASSISTANCE LETTER FORWARDED(If parents are not listed in Item 8) :						
A. NAME AND ADDRESS OF FATHER						
B. NAME AND ADDRESS OF MOTHER						
C. NAME, ADDRESS AND RELATIONSHIP OF OTHERS ASSISTED(Continue in Item 12, reverse page)						
10. ITEMS "A" THROUGH "W" ENTER DATES/APPROPRIATE COMMENT(When assisting more than one person, indicate name and respective dates applied and was presented or counseled on, or received each benefit) (Continue in Item 12, reverse page)						
		APPLIED	RECEIVED		APPLIED	RECEIVED
A.	DEATH GRATUITY			J.	THRIFT SAVINGS PROGRAM	
B.	UNPAID PAY & ALLOWANCES			K.	POSTHUMOUS DECORATION	PRESENTED
C.	SBP/RCSBP			L.	LAPEL OR GOLD LAPEL BUTTON	PRESENTED
	RSFPP			M.	DEPENDENT TRAVEL	COUNSELED
D.	DIC			N.	TRANSPORTATION OF HOUSEHOLD GOODS	COUNSELED
	VA PENSION			O.	INCOME TAX (W2)/ TD (1099R) FORMS	COUNSELED
E.	SGLI			P.	INTERMENT BENEFITS	COUNSELED
	VGLI			Q.	COMMERCIAL INSURANCE	COUNSELED
	NSLI/SDVI			R.	GOVERNMENT EMPLOYMENT	COUNSELED
F.	SS LUMP SUM			S.	SCHOLARSHIP/ EDUCATION	COUNSELED
	SS MONTHLY			T.	MEDICAL/DENTAL BENEFITS	COUNSELED
G.	180 DAY BAH			U.	FINANCIAL AIDS	COUNSELED
H.	I.D. CARD			V.	VA LOANS	COUNSELED
I.	VA EDUCATION			W.	LEGAL ASSISTANCE	COUNSELED