

### RECORD OF PERSONAL EFFECTS

For use of this form, see AR 638-2; the proponent agency is ODCSPER

1. LAST NAME, FIRST NAME, MIDDLE INITIAL		2. GRADE	3. SERVICE NUMBER/SSN	
4. ORGANIZATION				
5. STATUS ( <i>Deceased, Missing, or Captured</i> )		6. DATE OF STATUS	7. PLACE	
8. INVENTORY OF EFFECTS			9. FUNDS/NEGOTIABLE INSTRUMENTS	
a. QUANTITY	b. ITEM		a. TRANSMITTED TO RECIPIENT	
			b. FUNDS DEPOSITED OR OTHERWISE DISPOSED OF	
			(1) AMOUNT AND DESCRIPTION	(2) DISPOSITION
<b>ATTACH SUPPLEMENTAL SHEET FOR ADDITIONAL ITEMS.</b>				
10. EFFECTS SHIPPED TO:		11. DATE AND METHOD OF SHIPMENT ( <i>B/L No., Registry No., etc.</i> )		
12. SUMMARY COURT OR COMMANDING OFFICER'S REPRESENTATIVE				
a. SIGNATURE		13. <i>I acknowledge receipt of all articles listed in Block 8 and all items recorded in Block 9a.</i>		
b. TYPED NAME AND GRADE	c. DATE	a. SIGNATURE OF RECIPIENT		
d. ORGANIZATION	b. PRINTED OR TYPED NAME OF RECIPIENT		c. DATE	