


RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>				DATE	
LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Or unknown number)</i>		GRADE	SERVICE NO. SSAN	CIL CASE NUMBER <i>(If applicable)</i>	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER				PLOT	ROW GRAVE
RECEIVED FROM				IMPRINT OF IDENTIFICATION TAG	
OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>(Include personal effects aiding identification)</i>					
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS <i>(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)</i>					
FINGERPRINTS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO		X-RAYS MADE <input type="checkbox"/> YES <input type="checkbox"/> NO		FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO		ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input type="checkbox"/> NO		CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT	MUSCULARITY	COLOR OF HAIR	RACE OR NATIVITY		
TATTOOS, SCARS OR MARKS ON BODY					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS					
WOUNDS OR INJURIES					
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.					
NAME, GRADE, AND ORGANIZATION				SIGNATURE	