

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	Date of Birth	Address/Phone/E-mail	Capable of self-support?
------	---------------	----------------------	--------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE POLICIES

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

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

LONG TERM CARE INSURANCE

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

_____	_____	_____	_____
-------	-------	-------	-------

INVESTMENTS

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

BANK ACCOUNTS

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

CREDITORS

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

BURIAL INFORMATION

Who should be notified of your death:

Name Relationship Address Phone/E-mail

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
DOCUMENT**

LOCATION

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 (etired 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

Retired Grade Service Social Security Number

Street Address City and State Zip Code

Service Number VA Claim No (if applicable)

Date and type of retirement: _____

Signature Date

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)

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:

2. Adoption papers (if applicable):

3. Naturalization papers (if applicable):

4. Marriage certificate:

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

MILITARY SERVICE PERSONNAL FILE LOCATION:

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

OTHER IMPORTANT PAPERS:

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

a) Will located at: _____

b) Executor's name and address: _____

c) Lawyer's name and address: _____

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:

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

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

1. Type of account:

Checking/Savings Acct # Joint/Individual Name/location of Bank

Checking/Savings Acct # Joint/Individual Name/location of Bank

Checking/Savings Acct # Joint/Individual Name/location of Bank

2. Location of passbooks for savings accounts:

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

Charge Accounts and Credit Cards (include Account Numbers):

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:

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

3. The policies are located at: _____

Other Insurance:

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

2. Insurance Company Type of Coverage Policy Number Amount

3. The policies are located at:

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

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.

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.

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: _____

Address Telephone No.

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