

MORTUARY WORKSHEET

(For use of this form, see AR 638-2. The proponent agency for this form is DHR.)

1. CASE NUMBER:

PRIVACY ACT STATEMENT: AUTHORITY: 10 USC 3012. PURPOSE: to respond to inquiries. To provide statistical data on type, number, place, and cause of death. DISCLOSURE: Voluntary, however casualty services may be hampered without requested information.

PART I - DECEDENT

2. NAME:		3. RANK:		4. DCIPS CASE	
5. UNIT:				6. TELEPHONE:	
7. AWARDS:				8. RACE:	
				9. RELIGION:	
10. PLACE OF BIRTH (CITY, TOWN):		11. STATE:		12. DATE:	
				13. SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
14. AGE:					
15. MAIDEN NAME:		16. MARITAL STATUS:		17. EDUCATION LEVEL:	
18. DATE OF DEATH		19. TIME OF DEATH:		20. CAUSE:	
21. PLACE OF DEATH:		22. COUNTY OF DEATH:		23. CITY OR TOWN:	
24. TYPE OF SERVICE: <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		25. DATE OF SERVICE (FUNERAL):			

PART II - NEXT OF KIN

26. NAME:		27. RELATIONSHIP:		28. ADDRESS AND TELEPHONE:	
29. FATHER'S NAME:				30. ADDRESS AND TELEPHONE:	
31. MOTHER'S NAME:				32. ADDRESS AND TELEPHONE:	

PART III - RECEIVING FUNERAL HOME AND CEMETARY

33. FUNERAL HOME NAME:			34. TELEPHONE:		
35. FUNERAL HOME ADDRESS:					
36. CEMETARY NAME:			37. CITY AND STATE:		

PART IV - ESCORT

38. NAME:		39. RANK:		40. SSN: (LAST FOUR DIGITS)	
41. UNIT:		42. WORK TELEPHONE:		43. HOME TELEPHONE:	
44. REMARKS:					
45. DCIPS REVIEWED:			46. DATE:		47. INITIALS: