MILITARY OPERATIONS
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE *(YYYYMMDD)*	2. PAGE OF PAGES

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

3. TENTATIVELY IDENTIFIED DECEDENT

a. NAME *(Last, First, Middle Initial) (or Unidentified)*	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS *(YYYYMMDD)*

4. PLACE OF RECOVERY *(Include grid coordinates)*	5. DATE OF RECOVERY *(YYYYMMDD)*	6. EVACUATION NUMBERS a. #1	b. #2

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
			Unserviceable	

8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION

9. EFFECTS INVENTORIED ABOVE REPRESENT *(X as appropriate)*

☐ ALL KNOWN EFFECTS ☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT ☐ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED *(YYYYMMDD)*

11. RECEIVING OFFICIAL

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED *(YYYYMMDD)*

12. RECEIVING OFFICIAL

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED *(YYYYMMDD)*