

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. **IT IS YOUR RESPONSIBILITY** to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. **READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.**

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. REPORTING UNIT CODE/DUTY STATION
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. FATHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
7a. MOTHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		
9a. DESIGNATED PERSON(S) (Military only)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

SECTION 2 - BENEFITS RELATED INFORMATION

11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i>	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE
12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only) NAME AND RELATIONSHIP</i>		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>(Military only) NAME AND RELATIONSHIP</i>		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
14. CONTINUATION/REMARKS			
15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i>	16. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i>		17. DATE SIGNED <i>(YYYYMMDD)</i>

INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. **Military:** Mark X in appropriate block. **Civilian:** Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.

a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None".

b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655. **NOT APPLICABLE to civilians.**

ITEM 9b. Address and telephone number of Designated Person(s). **NOT APPLICABLE to civilians.**

ITEM 10. Contracting Agency and Telephone Number (**Contractors only**). **NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity (**Military only**). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

- (1) To the surviving spouse of the person, if any;
- (2) To any surviving children of the person and the descendants of any deceased children by representation;
- (3) To the surviving parents or the survivor of them;
- (4) To the duly appointed executor or administrator of the estate of the person;
- (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. **NOT APPLICABLE to civilians.**

Item 11b. Relationship. **NOT APPLICABLE to civilians.**

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. **NOT APPLICABLE to civilians.**

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (**Military only**). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. **NOT APPLICABLE to civilians.**

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. **NOT APPLICABLE to civilians.**

ITEM 13b. Address and telephone number of PADD. **NOT APPLICABLE to civilians.**

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an ink entry and must be completed on all copies.



1. About You

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Duty Location	Branch of Service	Current Amount of SGLI

I am completing this form to: (Check all that apply)

- Name or update my SGLI beneficiary. You must complete sections 3 & 5.
- Increase or restore my SGLI coverage to \$ _____. You must complete sections 3, 4, & 5.
- Reduce my SGLI coverage to \$ _____. You must complete sections 3 & 5.
- Decline (cancel) SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5.
" _____ "

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

3. About Your Beneficiaries Complete this section unless you are declining coverage

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (% or \$ amounts)	Payment Option (Lump sum* or 36 equal monthly payments)
1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			
Secondary				
1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			

Have more beneficiaries? Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by UMB Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** Open Solutions Inc., UMB Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

4. About Your Health Complete this section *ONLY* if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender Female
 Male

Have you had, been treated for, or had known indications of:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. A heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A neurological disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cancer or tumors? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been diagnosed as having a disease of the immune system? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you have any known physical impairments, deformities, or ill health not covered above? | <input type="checkbox"/> | <input type="checkbox"/> |

Any request to increase coverage does not take effect until approved by OSGLI.

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.

5. Your Signature You must complete this section.

I have read the instructions and understand that:

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and VGLI coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline Family SGLI coverage by completing SGLV 8286A.
- I certify that the information provided on this form is true and correct to the best of my knowledge and belief. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

Address

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk	Representative
Rank, title or grade	Approve <input type="checkbox"/>
Contact telephone/email	Disapprove <input type="checkbox"/>
Date	Date
Address	

Information for the Service Member

About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you ...	Then ...
are married and name someone other than your spouse or child as your beneficiary	The Branch of Service will notify your spouse that he or she is not the named beneficiary.
are married and reduce or decline your coverage	The Branch of Service will notify your spouse that you reduced or declined coverage.
have any life event such as marriage, divorce, or children after completing this form	You should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
name more than one beneficiary	The sum of the shares must equal 100% or the full dollar amount of your insurance.
want to name more than four primary or secondary beneficiaries	You must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.
name minors as beneficiaries	<ul style="list-style-type: none"> ■ SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate, if the beneficiary is a minor at time of claim. ■ You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. ■ Naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	SGLI will pay the shares equally among the remaining primary beneficiaries.
want to name a Trust as a beneficiary	You must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Trust documents are not needed until a claim is submitted.)
have no surviving primary beneficiaries	SGLI will divide the insurance benefit among the secondary beneficiaries.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	<p>SGLI will pay the insurance benefit in the following order:</p> <ol style="list-style-type: none"> 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to ...	Then ...
receive the insurance proceeds in one lump sum	<p>Write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account^{®*}, by check, or Electronic Funds Transfer (EFT).</p> <p><small>*Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.</small></p>
receive the insurance proceeds in 36 equal monthly payments	<ul style="list-style-type: none"> ■ Write "36" under the Payment Option. ■ Your beneficiary cannot change this payment option.
have a choice	Write the phrase "lump sum" under Payment Option or leave blank.

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member ...	The Personnel Clerk should inform the service member that ...	Then the Personnel Clerk should ...
has just entered the service	he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.	
is increasing or restoring SGLI	he or she must complete Section 4, <i>About Your Health</i> .	<ul style="list-style-type: none"> ■ Approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions. ■ Send form to OSGLI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGLI.
is reducing SGLI	<ul style="list-style-type: none"> ■ an application with health questions is required to increase coverage at a later date. ■ if the member is married, the Branch of Service must provide written notification to his or her spouse that the member reduced coverage. 	Forward the form to payroll to change SGLI premium deductions.
is declining SGLI	<ul style="list-style-type: none"> ■ this will also cancel Family SGLI coverage—both spousal coverage and dependent child coverage—and Traumatic Injury Protection (TSGLI). ■ if the member is married, the Branch of Service must provide written notification to his or her spouse that the member declined coverage. 	<ul style="list-style-type: none"> ■ Have the service member complete SGLV 8286A to end payment of Family spousal premiums. The service member does not need to complete a form to end payment of TSGLI premiums. ■ Forward the form to payroll to change SGLI premium deductions.
is married or gets married after completing this form	<ul style="list-style-type: none"> ■ Family SGLI automatically covers spouse. ■ he or she must register their spouse in DEERS for payroll to deduct premiums. ■ If the member wants to decline coverage or take a lesser amount of spousal coverage, the member must complete SGLV 8286A. 	<p>If applicable, forward the form to payroll to begin premium deductions for the spousal coverage.</p> <p>Forward the form to payroll to begin premium deductions for the spousal coverage, if applicable.</p>
has questions about this form	the advice of a military attorney is available at no expense.	Direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S.	Attach the Supplemental Beneficiary Form to the 8286.
wants to designate an unusual beneficiary given their family circumstances	<ul style="list-style-type: none"> ■ while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she understands the designation is unusual and the person named will receive the benefit. ■ if the member is married, the Branch of Service must provide written notification to his or her spouse that the member changed the designation. 	Have the member sign a paper with the following statement: I certify that I understand my beneficiary designation is unusual, and I intend <named beneficiary> to receive my insurance proceeds in the event of my death. I also understand that if I am married, my spouse will be notified that he/she is not my designated beneficiary.

2. After the form is completed, Personnel Clerk should:

- File a copy in the member's official personnel file
- Provide a copy to the service member
- Provide a copy of the form to the payroll office for the member's unit
- Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGLI

PO Box 41618

Philadelphia, PA 19176-9913

Casualty Assistance Report (CAR)

Phase One Actions						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
1	Time and date CAO was notified of the casualty					
2	Date CAO was briefed on duties and responsibilities					
3	Date CAO was trained prior to performing duties					
4	Was the CAO provided sufficient time and support from their command to complete CAO duties?	YES	NO			If no, explain:
5	Did the CAO provide the Survivor with a business card with 24/7 contact numbers?	YES	NO			If no, explain:
6	Was a chaplain part of the notification team?	YES	NO			If no, explain:
7	Soldier's Posthumous Citizenship, N-644, if applicable					
8	Death Gratuity (DG), DD Form 397					
9	Survivor Outreach Services Financial Counselor					
10	Provide completed PNOK DT Script or SNOK DT Script and an Invitational Travel Order issued (PNOK plus two additional travelers) (Threatre Only)					List traveler(s)
11	Survivors provided Privacy Act Statement, DA Form 4475					List Survivor(s)
12	Authorization for Disclosure of Information					List Survivor(s)
13	"The Days Ahead" binder delivered to the PNOK (brief "A Survivor's Guide to Benefits," the Benevolent and Philanthropic agencies list, and Military OneSource's DoD counseling upon delivery)					
14	Survivor Outreach Services (SOS) Support Coordinator Introduction (Respite Care, Survivor events, etc.)					
15	"Survivorship" Ask if any other Family members are serving in the Military					List Survivor(s) with branch of Service

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RECORD OF CASUALTY NOTIFICATION ACTIONS

For use of this form see AR XXX-XX; the proponent agency is ODCSPER

1a. NAME OF DECEASED (<i>Last, First, Middle</i>)		1b. GRADE/RANK	1c. SSN
1d. ORGANIZATION AND STATION			
1e. DATE OF DEATH		1f. PLACE OF DEATH	
1g. DATE OF BIRTH		1h. PLACE OF BIRTH (<i>City, State or Country</i>)	
1i. CAUSE/CIRCUMSTANCES			
2a. DATE AND TIME OF NOTIFICATION		2b. PLACE OF NOTIFICATION	
2c. NAME OF PNOK (<i>Last, First, Middle</i>)		2d. SSN	2e. RELATIONSHIP
2f. DOB	2g. TELEPHONE	2h. CONFIRMED 45-DAY ADDRESS	
3a. DATE AND TIME OF NOTIFICATION		3b. PLACE OF NOTIFICATION	
3c. NAME OF SNOK (<i>Last, First, Middle</i>)		3d. SSN	3e. RELATIONSHIP
3f. DOB	3g. TELEPHONE	3h. CONFIRMED 45-DAY ADDRESS	
4a. DATE AND TIME OF NOTIFICATION		4b. PLACE OF NOTIFICATION	
4c. NAME OF OTHER NOK (<i>Last, First, Middle</i>)		4d. SSN	4e. RELATIONSHIP
4f. DOB	4g. TELEPHONE	4h. CONFIRMED 45-DAY ADDRESS	
5a. NAME (<i>Last, First, Middle</i>), ADDRESS AND SSN OF EACH CHILD		5b. PERSON WITH WHOM CHILD RESIDES, AND RELATIONSHIP TO CHILD (<i>i.e., PNOK, SNOK, OTHER NOK</i>)	5c. CHILD'S DATE OF BIRTH

ITEM 5 CONTINUED:

6. Ensure you relay the following information to the PNOK prior to departure:

- a. A mailgram will be sent to PNOK and SNOK residing in CONUS verifying the information you have just provided them.
- b. A Casualty Assistance Officer (CAO) will contact them within 24 hours to arrange a personal visit at their convenience (PNOK /PADD only).
- c. A representative of the Army will provide the PADD information concerning their options, allowances, and benefits for the preparation and internment of the remains.
- d. Obtain Casualty Date/Place of Birth (See item 1g and 1h)

7. ADDITIONAL INFORMATION (CAO will collect supporting documentation.)

- a. WAS CASUALTY EVER DIVORCED? YES NO
- b. ARE PARENTS DIVORCED? YES NO
- c. WERE THERE ANY HEALTH PROBLEMS NOTED? YES NO
- d. WERE THERE ANY LANGUAGE BARRIERS WITH NOK? YES NO

PRINCIPAL LANGUAGE IF OTHER THAN ENGLISH: _____

8. After departure from the residence:

- a. Immediately call the CAC, telephone _____, to relay that notification has been completed. If you are unable to reach CAC personnel, please call DA Casualty at (703) 325-7990. Please call collect. Advise CAC of any problems. If notification is not completed within 4 hours after your departure, inform the CAC of the notification delays.
- b. Upon return, immediately provide this completed form to the CAC.

9. LIST QUESTIONS THE NOK MAY HAVE. (Give to the CAC/CAO)

10. COMMENTS

11a. NAME OF CASUALTY NOTIFIER	11b. RANK	11c. ORGANIZATION
11d. HOME PHONE	11e. DUTY PHONE	11f. SIGNATURE



CAC BLAST

*This message contains mission-vital information that requires immediate attention.
Please ensure all staff members within your CAC are made aware of its contents immediately.*

CAC BLAST: IMMEDIATE RELEASE

WHO: ALL CAC PERSONNEL

WHAT: REVISED PNOK AND SNOK SCRIPTS FOR USE BY CAC PERSONNEL

PURPOSE: To provide revised PNOK and SNOK Scripts. This version, dated 10 March 2011, supersedes all previous versions.

BACKGROUND: This update to the PNOK and SNOK scripts clarifies wording provided to the Family member, revises instructions to the CAOs, implements changes to the document format and includes new contact information to the CMAOC Travel and Transportation Section (T&TS). All prior instructions concerning the PNOK and SNOK script remains in effect.

CAC ACTIONS: Upon receipt, delete all previous versions of the PNOK and SNOK scripts; then review and utilize the attached PNOK and SNOK scripts.

POC: MAJ Dave Stacey, 502-613-8034, david.stacey@us.army.mil

ENCLOSURES:

- PNOK_Script_-_Revised_10_Mar_2011.docx
- SNOK_Script_-_Revised_10_Mar_2011.docx

APPROVED FOR RELEASE: RICHARD A. TEOLIS JR
COL, AG
Director, Casualty and Mortuary
Affairs Operations Center

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1 **RANK AND NAME OF FALLEN:** _____

2 **RELATIONSHIP TO PNOK:** _____

3 **PRIMARY NEXT OF KIN (PNOK):** _____

4

5 Sir/Ma'am:

6 The Department of Defense ensures our Fallen are returned to the United States as soon as
7 possible by way of Dover Air Force Base, Dover, Delaware. Currently, it is not known when your
8 _____ is scheduled to arrive. At the time of your _____ arrival,
9 a Dignified Transfer will occur. This solemn and dignified moment embraces the movement of your
10 _____ in a flag-draped transfer case from the aircraft to an awaiting transport
11 vehicle. This vehicle departs in silence and proceeds to the Port Mortuary.

12 The _____ will arrange for you and two eligible Family members to
13 travel, at government expense, to Dover Air Force Base to observe this Dignified Transfer. Please know
14 that the Dignified Transfer will be approximately fifteen minutes in length. Neither you, nor the
15 members of your party, will be permitted to view or spend time with your _____
16 while at Dover Air Force Base. Neither you nor members of your party will be permitted to enter the
17 Port Mortuary. If you have any questions, we will make every effort to address those concerns.

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28 Your Assistance Officer will be your primary point of contact throughout and beyond this event.
29 Would you like for us to make travel arrangements for you and two eligible family members to attend
30 the Dignified Transfer at Dover Air Force Base?

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YES TRAVEL NO TRAVEL UNDECIDED AT THIS TIME

Designated Traveler (PNOK): _____

Second Traveler: _____

Third Traveler: _____

MEDIA CONSENT

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Another matter on which I need your decision is media coverage of your _____
Dignified Transfer. Please decide on one of the following three alternatives:

- 1. ___ **PUBLIC MEDIA: yes and DVD yes:** I choose to have the Dignified Transfer recorded and presented on a DVD; and **I AGREE** to; allow representatives from the Public Media to record the event for possible release to local media. I understand that no Family members are ever seen or identified in this process. An announcement of the Dignified Transfer will be sent to the media outlets and members of the media may be present, however, they will not be in sight, film or speak with Family members. (FULL RECORD)

- 2. ___ **PUBLIC MEDIA: no and DVD yes:** I choose to have the Dignified Transfer recorded and presented on a DVD; **I DO NOT** wish to permit any representatives from the Public Media to be present. However, if this option is selected, the internal coverage is subject to the Freedom of Information Act. This means external media and the general public may request a copy of the DVD. (LIMITED RECORD)

- 3. ___ **NO MEDIA AND NO DVD:** I choose **NO** recording of the Dignified Transfer. (NO RECORD)

Witness Printed Name: _____

Witness Signature/Date: _____

84 **Frequently Asked Questions and Answers to Family member questions about Media Access to**
85 **the Dignified Transfer at Dover AFB and Travel Options.**

86 1. When do you expect my loved one to arrive at Dover?
87

88 Generally, within about a day and a half from incident but as soon as possible. You will be
89 provided the most current information available to allow assistance by your Service
90 Casualty/Mortuary office, should you decide to travel to Dover. We will keep you informed of any
91 changes that may occur
92

93 2. What are the costs associated with my travel to Dover? Can I get an advance of money to
94 assist with my travel?
95

96 Your travel will be funded. There are specific procedures involving the travel and transportation
97 reimbursement and any advances. You should understand that you may have to pay costs up front
98 with reimbursement from the government at a later date. You should consider the funds you have
99 immediately available when making this decision. While the vast majority of costs associated with
100 your travel and lodging are compensated, expenses are limited to specific items and rates that are
101 outlined in policy and law. Your assistance officer can provide you the details necessary to help
102 you make decisions based upon these restrictions and limitations. .
103
104

105 3. What is a Dignified Transfer?
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107 A Dignified Transfer is the movement of a deceased Service member from the arrival aircraft to the
108 Dover Port Mortuary located approximately 1 mile from the flight-line. Under the supervision of the
109 presiding officer and a chaplain, six service members wearing duty uniform, will pick up and carry
110 the transfer case from the plane to an awaiting transport vehicle that then moves your loved one to
111 the mortuary. The Dignified Transfer is not a ceremony and should not be confused with the arrival
112 ceremony that will take place upon arrival at the final destination airport.
113

114 4. How is the Primary Next of Kin (PNOK) Determined?
115

116 The person most closely related to the casualty is considered the PNOK for casualty notification
117 and assistance purposes. The surviving spouse is the primary NOK. The term "surviving spouse"
118 does not include one who obtained a divorce from the decedent (at any time). Other NOK and
119 interested parties are recognized in the following order:
120

121 (1) Natural and adopted children in order of seniority (age). The age of majority is 18 years.
122 Their surviving parent or legal guardian shall exercise the rights of minor children.
123

124 (2) Parents in order of seniority (age), unless legal exclusive (sole) custody was granted to
125 a person by reason of a court decree or statutory provision.
126

127 (3) Blood or adoptive relative granted legal custody by a court decree or statutory provision.
128

129 (4) Brothers or sisters of legal age in order of seniority (age), etc.

130

131

132 5. Will I be able to view my loved one if I go there?

133

134 No, your loved one will immediately be taken to the Dover Port Mortuary under the control of the
135 Armed Forces Medical Examiner for scientific identification, health and safety screening, and for
136 preparation.

137

138 6. Why can't I enter the Dover Port Mortuary?

139

140 The mortuary is a controlled-access facility primarily to protect the safety of individuals not trained
141 and properly equipped to handle human remains. Additionally, the privacy of all individuals inside
142 the mortuary must be protected.

143

144 7. Who can accompany me if I decide to go to Dover?

145

146 You may request two additional eligible Family members to travel with you, as well as your Casualty
147 Assistance Officer/Casualty Assistance Call Officer, or Family Liaison Officer. Additionally, we may
148 be able to arrange for someone to assist you in your travel if you require help for medical reasons
149 or have other extenuating circumstances that could complicate your ability to travel.

150

151 8. What happens if my flight is delayed?

152

153 You may in fact miss the Dignified Transfer because we must move your loved one as quickly as
154 possible in order to protect and preserve their remains. We will make every effort to keep you
155 informed and work to get you to the Dignified Transfer if possible however, availability of
156 commercial flights could be a limiting factor.

157

158 9. Will I be able to talk to the media?

159

160 Yes, you will have the opportunity to speak to media if you desire at a separate, safe location away
161 from the flight line.

162

163 10. Can I go but not have media present?

164

165 Yes however, if media are present for other Dignified Transfers from the same flight, your loved
166 one's remains will not be recorded or filmed by the media.

167

168 11. Can I designate someone to go to Dover on my behalf?

169

170 No one can replace you as the PNOK, however, you may designate up to two eligible Family
171 members to travel to Dover.

172

173 12. Can I stay at Dover and accompany/escort my loved one home from the mortuary?

174

175 You should understand that your loved one may be at Dover for a number of days. During the time
176 your loved one is at Dover the PADD should be making funeral arrangements. Also, if you stay at
177 Dover you will be away from your extended Family who can help you through this difficult time.
178

179
180 13. What is a PADD?

181
182 The Person Authorized to Direct Disposition of your loved one's remains. The PADD also makes
183 funeral decisions. The PADD is established by service member designation or, if not designated by
184 name, prioritized by law.
185

186 How long will I be at Dover?

187
188 14. You can expect to be at Dover at least one day and an overnight stay. Many of the Dignified
189 Transfers take place during the night or early morning hours so your travel must get you there in
190 advance of the flight's arrival. Although the Dignified Transfer is concluded within approximately
191 15 minutes, you will be on the flight line for much longer as media coverage is coordinated and
192 other Families are accommodated. You should be prepared to deal with whatever the weather
193 conditions are while standing on a relatively open flight line for a prolonged period.
194

195 15. How will I know which remains are those of my loved one?

196
197 Personnel who are present on the flight line with you will inform you as the Dignified Transfer
198 begins to take place.
199

200 16. Can I receive a recorded copy of the dignified transfer if I do not consent to public media
201 coverage?
202

203 Yes, Air Force Mortuary Affairs Operations (AFMAO) at the Dover AFB Port Mortuary will record the
204 Dignified Transfer and provide a copy to the Family. This election of internal coverage only is,
205 however, subject to release to external media and the general public if requested under the rules of
206 the Freedom of Information Act. Under this option, your loved one's casualty information will not be
207 released to the media or public before the normal 24 hours of privacy ends following notification to
208 the Family.
209

210 17. What accommodations will you have for me at Dover?

211
212 We will help you make travel arrangements to the Dover AFB area. When on Dover AFB, your
213 assistance officer will provide you support while you are on the Base. While on the Air Force Base,
214 you will be provided transportation. Transportation while off Base is a part of the reimbursable
215 expenses you can claim. Lodging in the local area (if necessary) is also part of the reimbursable
216 expenses you will incur.
217

218 18. How will I travel to Dover?

219
220 We will assist you.
221

222 19. Can I make my own recording or take pictures of any of the dignified transfer?
223

224

225 No personal photography of the Dignified Transfer is authorized; however, if you authorize media
226 coverage under options #1 or #2, the DoD will take photos of your loved one's Dignified Transfer
227 and will make those photos available to you whether or not you elect to be present at the transfer.

227

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SNOK DT SCRIPT

RANK AND NAME OF FALLEN: _____

RELATIONSHIP TO SNOK: _____

SECONDARY NEXT OF KIN (SNOK): _____

Sir/Ma'am:

The United States Army ensures our Fallen are returned to the United States as soon as possible by way of Dover Air Force Base, Dover, Delaware. Currently, it is not known when your _____ Relationship _____ is scheduled to arrive. At the time of your _____ Relationship _____ arrival, a Dignified Transfer will occur. This solemn and dignified moment embraces the movement of your _____ Relationship _____ in a flag-draped transfer case from the aircraft to an awaiting transport vehicle. This vehicle departs in silence and proceeds to the Port Mortuary. No one in will be permitted to enter the Port Mortuary.

The United States Army under the authority of the Secretary of Defense will offer travel for PNOK Name and two other Family members she/he chose to travel, at government expense, to Dover Air Force Base to observe Dignified Transfer.

Mr/Mrs. PNOK Name Choose:

1. _____ To have the Dignified Transfer recorded and presented on a DVD: and **AGREED** to allow representatives from the Public Media to record the event for possible release to local media. No Family members are ever seen or identified in this process.
2. _____ To have the Dignified Transfer recorded and presented on a DVD but **DOES NOT** wish to permit any representatives from the Public Media to be present. (You may request a copy of the DVD through the Freedom of Information Act.)
3. _____ That **NO** recording of the Dignified Transfer will occur.

If you have any questions, we will make every effort to address those concerns.

CNO/CAO, if the SNOK request to witness the Dignified Transfer, complete all information on this sheet and immediately, by the most expedient means available, fax this SNOK DT Script to:

HQDA/CMAOC/T&TS at (502) 613-4516.

In addition, CNO/CAO must call (888) 613-9369, alternate (502) 613-9504 and notify T&TS of travel request.

CAC personnel will then upload the SNOK DT Script in DCIPS as an attachment.

Designated Traveler (SNOK): _____

Additional Travelers: _____

CNO/CAO Printed Name: _____

CNO/CAO Signature/Date: _____