

CASUALTY ASSISTANCE CHECKLIST

Name _____

Social Security Number _____

Date of Birth _____ Place of Birth _____

Date of Discharge _____ Grade/Rank _____

Survivor Benefit Plan--Did you enroll in RSFPP, SBP, SSBP ? (circle all that apply)

Did you disenroll from this plan ? YES NO (circle one)

Note: Without SBP enrollment, retired pay stops at retiree's death.

V A Claim # _____

Eligible to draw V A disability compensation (even if not currently receiving)

YES NO (circle one)

Receiving Social Security? YES NO If yes, age at which first received _____

Organ Donor ? YES NO Do you have a living Will ? YES NO

Receiving any other pension ? YES NO

Person to contact about pension

Name _____ Phone # _____

BURIAL INFORMATION :

Who should be notified of your death ?

Name _____

Relationship _____

Address _____

Phone _____

Do you want to be (circle one) Buried ? Cremated ?

Name of Funeral Home you want to use _____

Do you want to be buried in your uniform ? YES NO

If YES, which uniform ? And where is it located ? _____

Does the uniform contain all insignia, awards, decorations, and badges ? YES NO

Do you want a memorial service ? YES NO

If YES Where ? _____

Have you purchased a Plot ? _____

If YES Where ? _____

Do you want a MILITARY funeral ? YES NO

Do you belong to any military service organization that offers burial benefits? YES NO

If YES , name of Organization _____

INVESTMENTS

Type (IRA, CD, MUTUAL FUNDS)

Number

Company

Agents Phone

Bank Accounts

Bank Name

Type Account

Location & #

Cash , Checks , Bonds , Stock

Type

Location

Living Will _____

Vehicle Registration & Title _____

Insurance Policies _____

Investment Papers _____

Burial Plot Information _____

Uniform for Burial _____

Medical and Dental Records _____

Real Estate Deeds _____

Tax Returns _____

Other Important Documents _____

ARE YOU AN ORGAN DONATOR

YES

NO

CASUALTY ASSISTANCE CHECKLIST

Casualty Assistance Offices (Survivor should contact the appropriate office)

Retired Pay SBP Casualty Reporting (800) 269-5170
Army 1-270-798-4727; After Hours 1-270-798-0793; Reserve 1-800-318-5298
Air Force 1-800-433-0048; 1-910-394-2486; 1-931-454-4574
Navy 1-800-368-32-2 or email: NavyCasualty@persnet.navy.mil
Marines 1-800-847-1597 or 1866-826-3628
Coast Guard 1-800-772-8724; 1-785-357-3415
U.S. Civil Service 1-888-767-6739
VA 1-800-827-1000

Retirement Services Office (Contact with any retirement benefit problem)

Army 1-270-798-5280 Army Reserve/Guard 1-800-318-5298
Air Force 1-910-394-1950; 1-931-454-5203
Navy 1-866-225-8582; 1-866-827-5672; 1-757-322-9113
Marines 1-800-336-4649

Retired Pay 1-800-321-1080

Social Security 1-800-772-1213

U.S. Civil Service 1-800-767-6738

Veterans Administration 1-800-827-1000

Military ID Office Knoxville 1-865-985-3254 (McGhee Tyson ANGB)
 Gray 1-423-467-2202

Lawyer _____

Family Physician _____

LOCATION OF ORIGINAL DOCUMENTS

Document

Where Located

Current Retired Pay Statement _____

Marriage Certificate (s) ,(Certified Copy) _____

Divorce Decree (s), (Property settlement(s)
(from previous marriages of retiree/veteran or
spouse. _____

Death certificate(s) (from previous marriages of retiree/veteran or
spouse) _____

Birth Certificates/adoption papers of retiree, veteran, spouse or
children _____

DD 214 Form (s) 214 Active Duty Discharge
Records for all periods _____

Retirement/Veteran Orders _____

WILL _____

