
US NAVY CASUALTY ASSISTANCE CALLS OFFICER (CACO) TRAINING STUDENT GUIDE

2020



COMMANDER NAVY
INSTALLATIONS
COMMAND

Welcome to Casualty Assistance Calls Officer Training.

As a Casualty Assistance Calls Officer, you will face one of the toughest and saddest challenges of your career, one that will add an extra dimension to the words "Honor, Courage, Commitment."

You will play an enormous role in paying final tribute to a fallen shipmate. This duty goes beyond a moment of silence in remembrance of the fallen. This duty goes straight to the heart of surviving family members during one of their darkest hours. This is an important job and one that must be handled with the utmost care and commitment and epitomizes the meaning of "taking care of our own."

Your training will equip you to function effectively and professionally, no matter where, no matter when. I encourage you to focus all of your energy on the topic at hand, learn as much as you can, follow up to keep your knowledge fresh and up-to-date, and approach this assignment with all the seriousness and dignity it rightfully demands.

Our surviving family members consistently point to the assistance of their CACO as a comforting and sustaining presence during their time of trauma and grief. CACO duty can be difficult, time-consuming and emotional, but I assure you it will be one of the most rewarding aspects of your Navy career.

As you look back on your career, you can hold your head high and say with pride, "I was a Casualty Assistance Calls Officer and served my shipmates when they needed me." On behalf of all your shipmates, you have my respect, admiration and full support as you assume this critical leadership role.

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Module Learning Objectives:

- Using the “My Experience of Loss” worksheet, the learner will discuss anticipated challenges in completing the tasks of a CACO.
- The learner will demonstrate knowledge of CACO terms by completing a matching exercise.

References:

- DoD Instruction 1300.18, Department of Defense (DoD) Personnel Casualty Matters, Policies and Procedures (Jan.8 2008, incorporating change 1, Aug. 14, 2009).
- MILPERSMAN 1770 Series.
- OPNAVINST 1770.1B, Casualty Assistance Calls and Funeral Honors Support (CAC/FHS) Program Coordination (22 Jan 2019).
- SECNAV Instruction 1770.3D, Management and Disposition of Incapacitation and Incapacitation Benefits for Members of the Navy and Marine Corps Reserve Units (March 17, 2006).
- CNIC Instruction 1770.2B, Casualty Assistance Calls Program (7 April 2020).

My Experience of Loss

This exercise is a self-assessment of your personal experience with loss. There are no right or wrong answers.

Consider these questions and what your answers would be to prepare yourself for the tasks of a CACO.

1. At this point in my life, I would describe my personal experience with death as:

- a. None b. Very limited c. Moderate d. Extensive

2. I would say that my primary feeling about death is one of:

3. To date, my most significant loss through death has been:

4. When I witnessed or heard about that death my first reaction was:

5. To me, the most difficult part of adjusting to and recovering from that death was:

6. I have have not had the experience of telling another person that a loved one has died.

7. At this point, my biggest fear about making a notification visit is:

8. For me, the most difficult next of kin (NOK) reaction to respond to would be:

9. I think I would handle that type of reaction by:

10. I volunteered to be a CACO I was directed to be a CACO

Terminology

CACO: The person assigned by the service or DOD component who is dedicated to providing assistance to the families of ill, injured, DUSTWUN, EAWUN, missing or deceased members.

Courtesy CACO: An assignment that may be short-term and that would provide assistance in one of the following ways:

- Assist NOK traveling to the bedside of critically ill or injured service members.
- Make a one-time personal visit to the NOK to notify them of the death of a deserter. This is the only time a Courtesy CACO is used.
- Meet NOK who travel to the local area for a funeral, memorial service, or Dignified Transfer. May be assigned when a member is on a seriously injured/very seriously injured (SI/VSI) list. NOK are entitled to round-trip transportation and up to 30 days per diem paid by PERS-00C. Assists NOK in filing travel claim.
- Make a one-time personal notification visit to NOK of Department of the Navy civilian employees.

Standby CACO: A CACO assignment when a member is reported as death imminent or when member is hospitalized overseas (including Alaska and Hawaii). No contact is made with the NOK until directed by the Regional Program Manager. Must keep local commanding officer informed as to whereabouts at all times to ensure NOK will receive immediate notification if member dies. Once member dies, can immediately notify NOK (can disregard notification time rule).

Command Representative (Liaison): A designated point of contact from the command suffering a personnel casualty or injury who manages the execution of command responsibilities (i.e., the submission of PCR, Record of Emergency Data and SGLI Election Form; establishment of Inventory Control Board, etc.) and supports PERS-00C and the Regional Casualty Office to ensure command requirements are completed.

Seriously Ill or Injured (SI): The casualty status of a person whose illness or injury requires medical attention and a medical authority declares that death is possible but not likely within 72 hours, and/or the severity of the injury is such that it is permanent and life-altering.

Very Seriously Ill or Injured (VSI): The casualty status of a person whose illness or injury is such that a medical authority declares it more likely than not that death will occur within 72 hours.

Duty Status Whereabouts Unknown (DUSTWUN): A transitory casualty status that is used when the responsible commander suspects a Sailor may be a casualty and whose absence is involuntary, but sufficient evidence does not exist to make a definite determination of missing or deceased.

Excused Absence Whereabouts Unknown (EAWUN): An administrative status, applicable only to civilian personnel, that is used when the responsible commander suspects the employee may be a casualty whose absence is involuntary, but does not feel sufficient evidence exists to make a determination of missing or deceased.

Defense Casualty Information Processing System (DCIPS): DOD directed database used for reporting and tracking all aspects of casualty cases, to include benefits applications and payments, and mortuary affairs.

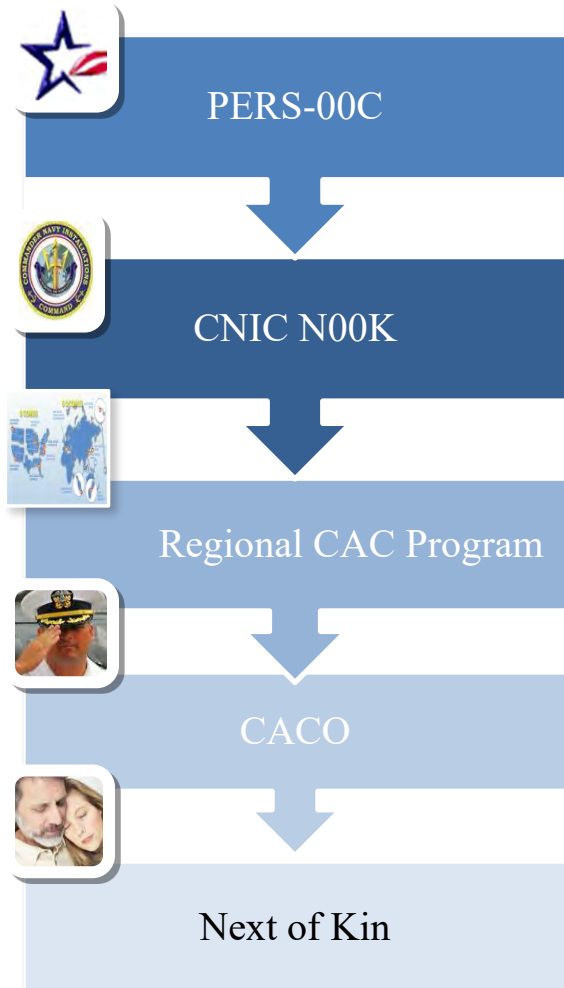
CAC/FHS Program Lines of Authority/Responsibility

The lines of authority/responsibility for the Casualty Assistance Calls and Funeral Honors Support (CAC/FHS) Program flow from the Chief of Naval Operations (CNO), through Navy Personnel Command (NPC), the Navy Casualty Assistance Branch (PERS-00C), Commander Navy Installations Command (CNIC) then to the appropriate CAC/FHS regional commanders.

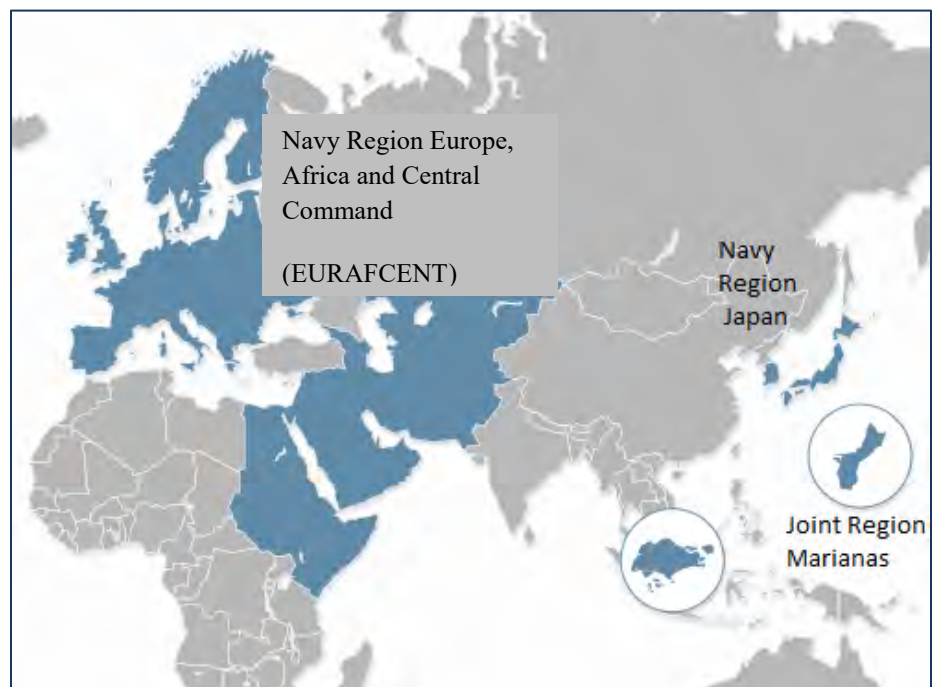
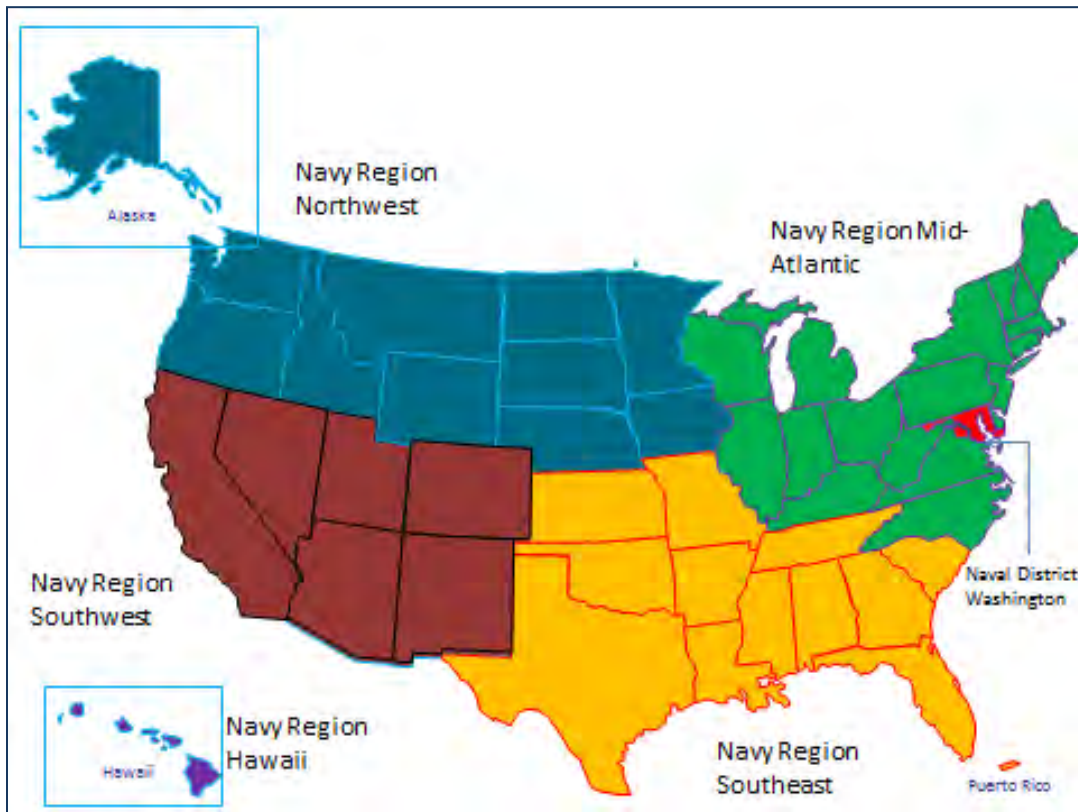
Policy — **PERS-00C Navy Casualty**, Millington TN. PERS-00C prescribes policy, and provides oversight and guidance for the Casualty Assistance process.

Policy Execution — **Commander Navy Installations Command Casualty Assistance and Funeral Honors Program Manager (CNIC N00K)**. CNIC is responsible for the execution, funding and technical support of the program.

Management Control — **Regional coordinator for the Casualty Assistance Calls Program (CACP) and Funeral Honors Support Program (FHSP)** for the respective area of responsibility (AOR) has overall responsibility for casualties/funerals in their region.



CACO/Funeral Honors Regions of Responsibility



There are no CNIC Casualty or Funeral Honors Regional Directors in Navy Region Korea.

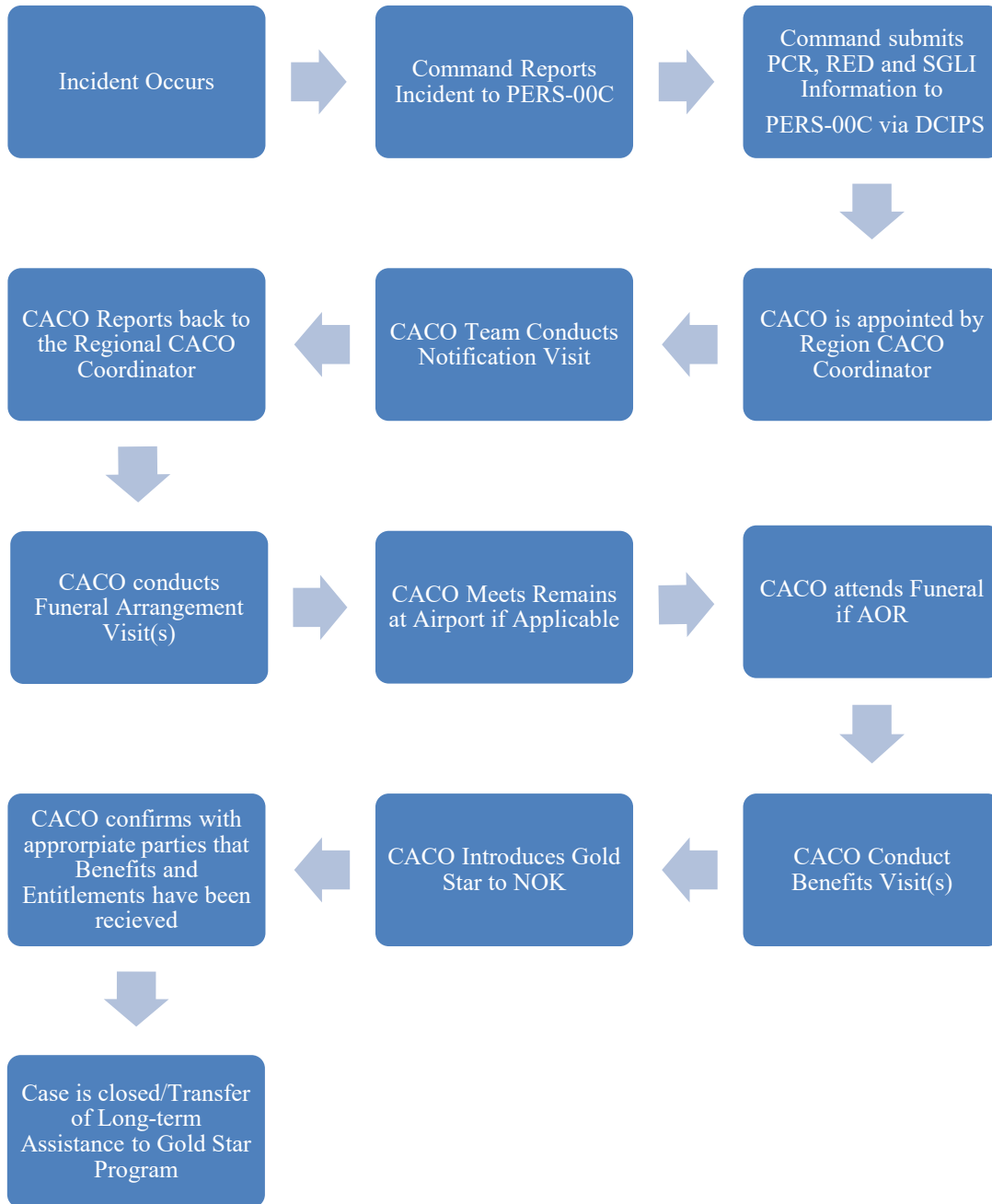
(Singapore/Diego Garcia is covered by Region Japan).

South Korea is covered by Region Japan for CACO Training purpose only.

For regional contact information, go to <https://cnic.navy.mil/caco>

PERS-00C toll-free number for assistance to next of kin: (800) 368-3202.

The CACO Process



The Role of the CACO

When tasked with a CACO duty assignment, the assignment becomes the primary responsibility for the CACO. The specific duties of the CACO are to:

- Personally notify the NOK of the casualty and apprise them of general circumstances surrounding the casualty, based on the facts that they have.
- Ascertain from the person authorized to direct disposition of remains (PADD) their desire for disposition of the remains (embalming/casketing, cremation, etc.) and provide signed Statement of Disposition to the Region CACO Coordinator.
- Obtain remains shipment information through the Region CACO Coordinator, and keep the NOK informed.
- Inquire as to the needs of the casualty's immediate family and extend assistance as appropriate, and permitted under instructions. Contact the Navy-Marine Corps Relief Society, American Red Cross, and other service organizations, if necessary, to obtain financial assistance for family.
- Assist Death Gratuity beneficiary (ies) with the application form, and submit to Region CACO Coordinator.
- Assist with funeral arrangements, including funeral honors, chaplain services and NOK transportation.
- Offer assistance to named beneficiaries in obtaining and completing of remaining benefits..
- Monitor shipment of – the personal effects and household goods and keep the appropriate NOK informed of shipping status. Note: CACOs do not work with a deceased member's personal effects. Personal effects are handled by the command representative (liaison), as discussed in Module 4. The CACO keeps the NOK informed as to the status of personal effects, and helps with their receipt.
- Refer news media queries to the local Public Affairs Officer (PAO) and protect personally identifiable information (PII).

Keys to Success

1. CACO Checklist
2. CACO Resources at <http://www.cnmc.navy.mil/CACO>
3. Organizations Skills
4. Communication Skills

Terminology Review

Match the terms with the correct definition.

- | | |
|--|---|
| ___ 1. CACO | ___ 6. SI (Seriously Ill or Injured) |
| ___ 2. Command Representative (Liaison) | ___ 7. Standby CACO |
| ___ 3. Courtesy CACO | ___ 8. VSI (Very Seriously Ill or Injured) |
| ___ 4. DUSTWUN (Duty Status Whereabouts Unknown) | ___ 9. DCIPS (Defense Casualty Information Processing System) |
| ___ 5. EAWUN (Excused Absence Whereabouts Unknown) | |

- A) An administrative status, applicable only to civilian personnel, that is used when the responsible commander suspects the employee may be a casualty whose absence is involuntary, but does not feel sufficient evidence exists to make a determination of missing or deceased.
- B) An assignment that may be short-term and that would provide assistance in one of the following ways:
- Assist NOK traveling to the bedside of critically ill or injured service members.
 - Make one-time personal visit to the NOK to notify them of the death of a deserter.
 - Meet NOK who travel to the local area for a funeral, memorial service, or Dignified Transfer. May be assigned when a member is on a seriously injured/very seriously injured (SI/VSI) list. NOK are entitled to round-trip transportation and up to 30 days per diem paid by PERS-00C. Assists NOK in filing travel claim.
 - Make a one-time personal notification visit to NOK of Department of the Navy civilian employees.
- C) A transitory casualty status that is used when the responsible commander suspects the Sailor may be a casualty and whose absence is involuntary, but sufficient evidence does not exist to make a definite determination of missing or deceased.
- D) A CACO assignment when a member is reported as death imminent or when member is hospitalized overseas (including Alaska and Hawaii). No contact is made with the NOK until directed by the Regional Program Manager. Must keep local commanding officer informed as to whereabouts at all times to ensure NOK will receive immediate notification if member dies. Once member dies, can immediately notify NOK (can disregard notification time rule).
- E) The casualty status of a person whose illness or injury is such that medical authority declares it more likely than not that death will occur within 72 hours.
- F) A designated point of contact from the “losing” command who manages the execution of command responsibilities (i.e., the submission of PCR, Record of Emergency Data and SGLI Election Form; establishment of Inventory Control Board, etc.) and supports PERS-00C and the Regional Casualty Office to ensure command requirements have been met.
- G) The casualty status of a person whose illness or injury requires medical attention and medical authority declares that death is possible but not likely within 72 hours, and/or the severity is such that it is permanent and life-altering.
- H) The person assigned by the service or DoD component concerned to provide assistance to the families of ill, injured, DUSTWUN, EAWUN, missing or deceased members.
- I) DOD directed database used for reporting and tracking all aspects of casualty cases, to include benefits applications and payments, and mortuary affairs.

Module 2: The Notification Visit



Module Learning Objectives:

- During the “Using the PCR” activity, the learner will correctly identify key information contained in the PCR.
- Participating in a role-play, the learner will demonstrate proper notification techniques.
- The learner will demonstrate knowledge of CACO terms by correctly completing a matching exercise.
- The learner will apply the appropriate steps, reports, forms and information of the notification visit to a group case study.

References:

- DoD Instruction 1300.18, Department of Defense (DoD) Personnel Casualty Matters, Policies and Procedures (Jan.8 2008, incorporating change 1, Aug. 14, 2009).
- MILPERSMAN 1770 Series.
- OPNAVINST 1770.1B, Casualty Assistance Calls and Funeral Honors Support (CAC/FHS) Program Coordination (22 Jan 2019).
- CNIC Instruction 1770.2B, Casualty Assistance Calls Program (7 April 2020)

Terminology

Personnel Casualty Report (PCR): The initial report that records the casualty and all relevant, known information. At a minimum, a PCR should include type of casualty, rank, name, Social Security number, location of the body and factual circumstances. PCRs should be submitted within 4 hours by the commander, commanding officer (CO) or immediate superior in command (ISIC) of a member who suffers a casualty. The PCR will be submitted electronically using the web-based PCR on the DCIPS portal.

Record of Emergency Data: A form used to designate beneficiaries for certain benefits and designate the person authorized to direct disposition (**PADD**) in event of the Service member's death. It is a guide for disposition of that member's pay and allowances if captured, missing, or interred. It also shows the names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. The form for this information is the NAVPERS 1070/602 (Dependency Application/Record of Emergency Data – also referred to as a Page 2 in the Navy) or DD Form 93 (Record of Emergency Data).

Primary Next of Kin (PNOK): The person most closely related to the casualty, usually the un-remarried surviving spouse (does not include one who obtained a divorce from the decedent at any time). If there is no surviving spouse, others are recognized in the following order: Natural and adopted children, parents, blood or adoptive relative with legal custody, siblings, grandparents, other relationships of legal age, persons standing in loco parentis, remarried surviving spouse. See DoDI 1300.18 for more details.

Secondary Next of Kin (SNOK): Any other NOK not designated as a PNOK. Includes minor children who reside outside the immediate household of the member, parents (if not listed as PNOK), and any relative or friend named on the NAVPERS 1070-602 (Dependency Application/Record of Emergency Data or DD 93/Record of Emergency Data) (if listed to receive Death Gratuity/unpaid pay and allowances, SGLI). If the member does not have a spouse, the eldest adult child is the PNOK and all other children are SNOK.

Other Interested Parties (OIP): Other interested parties include anyone named on a Sailor's DD Form 93 (1-08), Record of Emergency Data; or SGLV 8286, Servicemembers' Group Life Insurance Election and Certificate, as a beneficiary

Person Authorized to Direct Disposition (PADD): A person who is authorized to direct disposition of human remains. Sailors identify a PADD on their DD Form 93. If the PADD is not designated by the Sailor, the PADD is recognized by order of precedence; surviving spouse, children who have reached the age of majority, parents in order of seniority, etc.

OPNAV 1770/1: Consent for Release of Personal Information. Form signed by the NOK to authorize the release of their personal information to individuals and organizations, to include Members of Congress making offers of support and condolences in the form of letters, gifts, grants, and financial relief.

OPNAV 1770/3: Next of Kin Identification Form. Form used by the CACO to verify personal information about the NOK, to include address information.

OPNAV 1770/2: Next of Kin Travel Request. Form that collects personal information, including desired travel arrangements, on persons using official travel due to a casualty.

Death Gratuity: One-time non-taxable payment to help surviving family members deal with the financial hardships that accompany the loss of a service member.

Bedside Travel: In those military VSI or SI cases in which a competent medical authority requests the presence of NOK at bedside, the casualty office of the military service concerned shall be the final approval authority and shall assist in arranging appropriate government-funded invitational travel in accordance with paragraph U5246 of the Joint Federal Travel Regulations.

Dignified Transfer of Remains (DTR): The process by which the Department of Defense moves transfer cases containing human remains from one conveyance to another. Example: A dignified transfer occurs when human remains are removed from an aircraft arriving at Dover Air Force Base and placed into a mortuary transfer vehicle for ground transportation to the Port Mortuary.

Types of CACO Assignments

1. **CACO (Deceased Sailor):** The CACO has four main roles:
 - a. Notifies the NOK of the death of their family member.
 - b. Assists the NOK with the funeral arrangements.
 - c. Assists the NOK in filing for all the survivor benefits they are entitled.
 - d. Ensures the proper forms and reports are completed for documenting the case.
2. **CACO (DUSTWUN or Missing Sailor):** CACOs assigned to NOK in cases of Duty Status Whereabouts Unknown (DUSTWUN) or missing have additional responsibilities and procedures from that of a standard deceased case.
 - a. Notifies the NOK of the casualty status of their family member.
 - b. Provides updates on search for the member.
 - c. Notify the NOK of any change to their family member's status.
 - d. Ensures the proper forms and reports are completed for documenting the case.
3. **Courtesy CACO (Ill or Injured Sailor):** The Courtesy CACO will provide family arrival assistance to Designated Individuals when Invitation Travel Orders (ITOs) or Authorizations are issued. The Courtesy CACO will ensure the family is met at their point of arrival, where the member is hospitalized and escorted or provided directions to the hospital or military treatment facility. Additional assistance may be provided in securing lodging at or near the treatment facility.
 - a. **Navy Wounded Warrior:** The Navy's sole organization for coordinating the non-medical care of seriously wounded, ill and injured Sailors and Coast Guardsmen, and providing resources and support to their families.
4. **Courtesy CACO (Funeral attendance):** Attend the service member's funeral as a Navy representative when the location of the funeral is not in the local area of the NOK's assigned CACO.
5. **CACO (POW/MIA – repatriation case):** A Courtesy CACO will be assigned to the NOK of service members whose remains are found from past wars and conflicts and are repatriated to the United States.
 - a. Accompany the Navy Identification Team for the initial Identification Briefing.
 - b. Assists the NOK with the funeral arrangements.
6. **DoD Civilian Decedents.** When a reportable DoD civilian casualty occurs, the respective Region will make personal notification to the emergency point of contact reflected on the DD Form 93 or the electronic civil service equivalent of the DD Form 93. Thereafter, the Region will facilitate the follow-on assistance with the appropriate civilian personnel or human resources office for survivor benefits or entitlements.
7. **DoD Contractor Decedents.** When a reportable DoD contractor casualty occurs, the respective Region will notify the appropriate contracting agency who will be responsible for notifying the contractor's NOK.

Casualty Assistance Calls Officer Checklist

There is a checklist to guide you through each phase of the CACO process.

- Relevant forms, offices and agencies are all listed.
- There are places for you to write important phone numbers, POCs and other information.
- This will be one of your primary tools to organize the information you will need throughout your assignment.
- When you are assigned a case, start a binder (recommend a 2-inch, three-ring binder). Have several tabbed sections in the binder, and include a blank notebook for notes and diary entries.
- Put a copy of the checklist in the front of the binder.

**Complete copies of the CACO Checklists are contained in Appendix A and on the CACO Resources webpage.*

Casualty Assistance Calls Officer Notification Checklist

Preparation

- Contact regional Casualty Assistance Calls (CAC) office prior to departure for specific guidance.**
- Personnel Casualty Report and Other Forms:** Obtain a copy of the Personnel Casualty Report (PCR), Record of Emergency Data (DD Form 93 or NAVPERS 1070/602) and Service members Group Life Insurance (SGLI) election form (SGLV 8286). (In accordance with the Privacy Act of 1974, next of kin (NOK) shall not see or be told who the other beneficiaries are on the Record of Emergency Data or SGLI election form.)
- Notification Team:** Arrange for a chaplain to accompany you on the notification visit. (Chaplain support may be provided from a different military service). If a chaplain is not available, arrange for another uniformed service member to accompany you. **Never conduct a notification alone!**
- Language Barriers:** Identify possible language barriers before attempting notification, and arrange interpreter support if possible.
- Latest Information:** Contact the parent command to receive the latest information concerning the casualty.
- Transportation:** Obtain a government vehicle.
- Directions and Map:** Obtain directions and/or a map to the home of the NOK, or verify the route using GPS.
- Calling Card:** Print several CACO calling cards.
- Uniform:** Prepare uniform for notification visit. Wear service dress uniform of the season. If unsure, ask the region program manager or your command for guidance.

DCIPS Casualty Reporting

Field Report Type:	INIT
Field Report Number:	JD20150529DH
Casualty Type:	Nonhostile
Casualty Status:	Deceased
Casualty Category:	Self-Inflicted
	<input type="checkbox"/> Special Category
	<input type="checkbox"/> Special Interest
Multi Casualty Code:	
SSN:	000000000
EDIPI:	
Last Name:	Doe
First Name:	Jane
Middle Name:	
Suffix:	
Personnel Type:	Regular
Personnel Affiliation:	Active Duty
Personnel Category:	Obligated/Voluntary Service
Service:	United States Navy
Military Rank:	AR Airman Recruit
Military Unit of Assignment:	NR TF NAVY CASUALTY
Military UIC:	
In Support of Other Service:	
Date/Time of Incident:	31-May-2015 0000 (dd-mon-yyyy hhmm)
Circumstances:	Describe the incident but DO NOT include PII or HIPAA information in this block.
Inflicting Force:	
Remarks:	THIS IS A SAMPLE PCR FOR AN ACTIVE DUTY - REGULAR NAVY MEMBER WHO WAS KILLED BY A SELF-INFLICTED MANNER. IN THIS BLOCK, PLEASE INCLUDE NAME OF PNOK / SNOK AS WELL AS THEIR LOCATION. ALSO INCLUDE LOCATION OF MEMBERS REMAINS.

Mark As Ready

Update | Update and Exit | Next

In accordance with the provisions of DoD Instruction 1300.18, MILPERSMAN 1770-030, and NAVADMIN 090/15, a PCR must be submitted to Navy Casualty for the following circumstances:

- Any Sailor who becomes unaccounted for (Duty Status Whereabouts Unknown (DUSTWUN))
- Any Sailor who dies on Active Duty
- Any Sailor who dies while a member of the Navy Reserve (regardless of duty status)
- Any Sailor who is declared Very Seriously Ill/Injured (VSI) by competent medical authority
- Any Sailor who is declared Seriously Ill/Injured (SI) by competent medical authority
- Any Sailor who is declared Not Seriously Ill/Injured (NSI) in an operational area (combat zone)

Any Sailor/Dependent/Civilian that's hospitalized in an overseas medical facility.

Whenever possible, PCR will be submitted electronically using the Web-based PCR the DCIPS portal.

To access the web-based PCR, CAC-holder must navigate to one of the following URLs:

<https://dcsa.hrc.army.mil/pcr>

<https://dcsb.hrc.army.mil/pcr>

<https://dcsd.hrc.army.mil/pcr>

<https://dcsd.hrc.army.mil/pcr>

When the system requests it, select a valid certificate from your CAC and if asked, enter your PIN.

To acquire a copy of the current PCR User Guide, please send digitally signed (not encrypted) email to MILL_NavyDCIPS@navy.mil. The current version date of the PCR User Guide is 1 October 2016.

AFTER SUBMITTING A PCR FOR ACTIVE DUTY DEATH (OR RESERVIST ON ACTIVE DUTY) CALL NAVY CASOPS TO CONFIRM RECEIPT OF THE PCR. DUTY HOURS 800-368-3202//AFTER HOURS 901-634-9279.

Once the PCR has been submitted, all addressees that are preprogrammed/checked to receive DCIPS notifications will receive an Email. This Email will prompt Navy Casualty (Casualty Watch during non-duty hours) to check DCIPS and take appropriate action to review and validate the report before submitting it to the CACO Regions and other functional offices for further action.

NOTE: An Initial (INIT) Personnel Casualty Report (PCR) will always be the first official notification of an incident to Navy Casualty. Subsequent updates fall under the categories of Supplemental (SUPP), Status Change (STACH), or Progress (PROG), which are discussed later in this document. Duplicate submissions of an Initial PCR may result in PCR validation and notification delays. Submission of PCRs should be coordinated with unit, command or organization to ensure no duplicates are submitted.

As an emergency capability only, commands may send an encrypted e-mail with pertinent reporting information to the mill_navcas_duty@navy.mil inbox. Report should include reporting command information, and required fields identified in the DCIPS reporting guide (page 5). Additionally, commands may attach necessary documents to the e-mail. As this is a backup capability, using this method may result in a delayed response. Please follow up with a phone call.

Using the PCR/PG2/SGLI

(See MILPERSMAN 1770-030 and NAVADMIN 090/15 for more details on the PCR.)

Locate the following information on the sample PCR on the next page:

1. What are the circumstances of the service member's death?
2. Who is the POC at the service member's command?
3. Who is the PNOK? SNOK?
4. Where did the incident happen?
5. Where are the remains?
6. Who is to receive the death gratuity?
7. Who is the PADD?

Sample PCR

Field Report Type: INIT
Field Report Number: N47724-FY15-003
Casualty Type: Nonhostile
Casualty Status: Deceased
Casualty Category: Accident
Special Category Special Interest
Multi Casualty:
SSN: 123-45-6789
Last Name: Henry
First Name: John
Middle Name: Patrick
Suffix:
Person Type: Regular
Person Affiliation: Active Duty
Person Category: Obligated/Voluntary Service
Rank: CPO
Grade: E-7
Service: United States Navy
Unit: USS Flattop, Norfolk, VA
UIC: 00000
In Support of Other Service:
Incident Dt: 10 Apr 2015 21:45
Circumstances: Member lost control of motorcycle and hit curb then was thrown from motorcycle. Member sustained chest trauma.
Inflicting Force:
Was Conflict:
Ops Incident:
Event:
Investigation Required:
Vehicle Group:
Vehicle:
Armor level:
Vehicle Owner:
Position in Vehicle:
Incident City: Norfolk
Incident State: Virginia
Incident Country: United States
Grid:
Lat/Long:
Location:
Diagnosis:
Cause: Accident
Death Dt: 10 Apr 2015 21:45
Death City: Norfolk
Death State: Virginia
Death Country: United States
Died in Medical Facility: Died Outside A Medical Treatment Facility
Continuously Hospitalized: Not Continuously Hospitalized
Race: White
Ethnicity: None
Sex: Male
Religion:
Birth Dt: 20 Nov 1980
Birth City:
Birth State: Florida
Birth Country: United States
Citizenship: United States
DMOS:

PMOS:
PEBD:
BASD:
Home of Record (City):
Home of Record (State):
Home of Record (Country):
Civilian Employer Type:
Civilian Pay Grade:
Civilian Contract Agency:
Civilian Organization:
DD93/RED Completion Dt:
DD93/RED Review Dt:
SGLI Dt:
Training/Duty Related:
Training Type:
Training Start Date:
Training End Date:
Duty Status: Pass/Liberty
Start Dt:
End Dt:
Retired/Separation Dt:
TDRL/PDRL:
TDRL/PDRL %:
TDRL/PDRL Dt:
Posthumous Recommend
Date:
Posthumous Rank
Recommended:
Higher Rank Held:
Higher Rank Held From Dt:
Higher Rank Held To Dt:
DG Remarks:
Remarks:
(PNOK) Jane Henry, Hometown Street, Any Town, USA, Spouse
(SNOK) Joseph Henry, Old Road, Another Town, USA, Father.
SVMBR's remains are held at Community Regional Medical Center, Any Town, USA. 800-555-1234.
Closed Dt:
User Registration Info:
Name: Jones, Sailor C.
Rank/Grade: CPO - Chief Petty Officer - E07
Phone: 888-555-1234
Email: sailor.jones@navy.mil
Service: United States Navy
Unit: USS Flattop
UIC: 00000
Location:
City: Norfolk
State: Virginia
Country: United States

Casualty Assistance Calls Officer Notification Checklist

Notification of Primary Next of Kin

- ❑ **Time of Notification:** Notification will be made between the hours of 0500 and 0000 unless one of the following circumstances occurs:
 - Death occurred in theater during war.
 - High media interest.
 - Otherwise directed by PERS-00C or regional commander.
- ❑ **Media Attention:** If contacted by the media, have them contact your Public Affairs Officer (PAO). If your command does not have a PAO, have them contact your immediate superior in charge (ISIC) PAO.
- ❑ **In-Person Contact with NOK:** Identify and make contact in person with the NOK immediately. If notification must be made at their place of employment, speak with a manager or someone in charge. Try to arrange for a private place to make the notification, and arrange to get the NOK home safely.
 - PNOK/NOK language needs. In overseas regions in particular, NOK English comprehension cannot be assumed. Best practice is to identify possible language barriers before attempting notification, and arrange interpreter support if possible.
- ❑ **Notification:**
 - Identify yourself and present a calling card
 - Confirm the identity of the NOK
 - Confirm their relationship to the service member
 - Ask to enter the home
 - Deliver the notification:
 - **“On behalf of the Secretary of the Navy, I regret to inform you that your (relation) died today of (list circumstances as known). I am deeply sorry.”**
(specific information can be read from Items Charlie and Delta on the PCR):
- ❑ **Casualty Details:** Provide NOK with reported circumstances of the incident.
- ❑ **Inform NOK** of current location of remains. Update family as the status changes on the location of their loved one’s remains and the anticipated transportation dates.

Notification Samples

Identity yourself:

“Mrs. Brown, I am LT Green and this is Chaplain Blue. We have some important news about your husband CWO Frank Brown. May we speak with you?”

Confirm the identity of the NOK:

“Let me make sure our information is correct. Are you the wife of CWO Frank Brown who is stationed on the USS Kitty Hawk?”

Ask to enter home: Speak quietly, clearly and slowly. Make every professional effort to obtain approval to enter their home.

“Mrs. Brown, may we please step inside. We need to speak with you privately.”

Be simple and direct: Avoid euphemism or vague language: Use the word “dead.” The words “death” and “dead” have a finality that has been found to be helpful for NOK’s acceptance of the loss.

“On behalf of the Secretary of the Navy, I regret to inform you that your husband (CWO Frank Brown) was in a traffic accident this morning and was reported dead at 8 a.m. I am deeply sorry.”

Make clear and factual statements about the incident (refer to the PCR). Inform the PNOK of the current location of remains. Inform the PNOK that the American Red Cross can assist with notifying any other active-duty relatives. Advise the PNOK that a letter of condolence will be forthcoming from the commanding officer, and that you can assist them in getting the results of any relevant investigations into the death.

***Place of Employment:** If notification must be made at place of employment, speak with a manager or someone in charge. Try to arrange for a private place to make the notification, and arrange to get the NOK home safely.

“Mr. Johnson, I am LT Gray and this is Chaplain Blue. We have some important information for Mrs. Brown. Is there somewhere that we may speak with her privately?”

NOTE: Do not make the official notification to the manager as you are there to notify the NOK.

Condolence Call. When a notification of death is made by sources other than the Navy, (e.g., hospital staff, law enforcement, death at home with NOK, etc.) a condolence call is suggested:

“On behalf of the Secretary of the Navy, I offer condolences on the death of your (relation). I am deeply sorry.”

Notification Visit Continued (Checklist)

- ❑ **Dignified Transfer of Remains:** If killed in action, inform NOK of the details of the dignified transfer of remains, and obtain preferences for media coverage in accordance with DoDI 1300.18 and the Dignified Transfer of Remains Script from DCIPS. The only forms that absolutely must be completed on the notification visit is the Dignified Transfer of remains paper work and the Next of Kin Travel Request, NAVPERS 1770/10.
- ❑ **Notifying Other Active-Duty Relatives:** Inform the NOK that PERS-00C can assist with notifying any other active-duty relatives.
- ❑ **Letter of Circumstances:** Inform NOK that a condolence letter is forthcoming from the commanding officer and then follow up with parent command to ensure the letter is prepared and mailed to NOK within 48 hours.
- ❑ **Investigations:** Advise NOK that investigations will be conducted as warranted, i.e., Line of Duty, JAGMAN, Aircraft Mishap or police report. Tell them that you can assist them in completing the requests for this information on a later visit and will keep them apprised of the status of any relevant investigations.
- ❑ **Immediate Needs:** Inquire as to any immediate needs of NOK (for example emergency financial needs). Assistance can be obtained from the local Navy-Marine Corps Relief Society and the American Red Cross.
- ❑ **Personal Information and Forms:**
 - If appropriate, complete OPNAV 1770/1 and 1770/3 (see below). If not appropriate, get the following information from the NOK:
 - Complete name.
 - Correct address and phone numbers.
 - If death gratuity beneficiary, get Social Security Number (death gratuity beneficiaries are indicated on the deceased member's Record of Emergency Data)
 - Consent for the Release of Personal Information, OPNAV 1770/1: If appropriate, obtain the signature of the PNOK on the form and fax/e-mail it to the regional CAC office and PERS-00C. Reassure the NOK that if they choose not to consent to the disclosure of their information, it will not affect processing benefits and other official actions. This form only restricts the release of information to third-party organizations such as grief counseling agencies, other non-governmental agencies and commercial vendors.
 - Primary/Secondary Next of Kin Information, OPNAV 1770/3: If appropriate, complete the form. Ensure that all blocks are completed to include ZIP code +4 (example: 12345-6789).
- ❑ **Death Gratuity (electronic funds transfer):** Provide death gratuity recipients with the DD 397 and SF1199A forms to fill out. Get a voided check from the beneficiary's banking institution. When completed, fax/e-mail the DD 397, SF1199A, and voided check to your Regional CAC and forward to PERS-00C after confirmation from your Regional CAC.
- ❑ **Death Gratuity (paper check only):** Follow the procedures in MILPERSMAN 1770-280 to assist the NOK if the death gratuity is requested to be paid by paper check.

If the Casualty is an Officer: Obtain the following information about the deceased member from the NOK:

○ Date of Birth

○ Place of Birth

○ Religion _____

○ Home of Record

○ Place of Entry into the Navy

Do Not Leave NOK Alone: Before leaving the NOK, ensure that they are not alone. Arrange for someone to be with them (family, friends, or ombudsman) to provide continuing support and assistance.

Arrange Funeral Arrangements Visit: Before leaving, assure the NOK that you will provide continuing assistance and of your availability. Schedule a visit with the NOK, if they are the PADD, for the following day to make funeral arrangements.

CACO Calling Card: Leave several completed CACO calling cards with the NOK.

NOK's Intentions; Early Return of Dependents (ERD) for members stationed in an overseas location.

Dignified Transfer of Remains Script

RANK AND NAME OF FALLEN: Petty Officer 1st Class John S. Sailor

RELATIONSHIP TO PNOK: Son

PRIMARY NEXT OF KIN (PNOK): Sailor

Sir/Ma'am:

The Department of Defense 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 son is scheduled to arrive. At the time of your son's arrival, a Dignified Transfer will occur. This solemn and dignified moment embraces the movement of your son 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.

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

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

YES TRAVEL

NO TRAVEL

UNDECIDED AT THIS TIME

Designated Traveler (PNOK): _____

Secondary Traveler: _____

Third Traveler: _____

MEDIA CONSENT

Another matter on which I need your decision is media coverage of your son's 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)

Witnessed Printed Name: _____

Witnessed Signature / Date: _____

- This script is printed directly out of DCIPS and will be given to you by your Regional Casualty Assistance Center. Contact PERS-00C as soon as possible once PNOK decision is obtained. E-mail the above document as soon as possible.

Death Gratuity Information

The death gratuity is a lump-sum payment made by the Department of Defense to the survivors or other individuals identified by the service member prior to his/her death while on active duty, active duty for training, inactive duty for training, or within 120 days after release from active duty if the death is due to a service-related disability. The amount of death gratuity is \$100,000.

A service member may designate one or more persons to receive all or a portion of the death gratuity payment. The designation of a person to receive a portion of the amount will be identified by the service member as a percentage of the total amount in 10 percent increments. Any amount not designated by the member will be paid to or for the living survivors of the member in accordance with existing law and regulation.

The death gratuity will normally be paid within 24 to 72 hours to the eligible beneficiary, although there are some situations where it may be delayed (e.g., legal guardianship of minor children must be established before payment, see below). When discussing the death gratuity payments, assigned CACOs will explain that electronic funds transfer (EFT) is the primary means of payment. Paper checks will only be offered as an alternative in the event that the beneficiary requests another form of payment. If families require any type of special handling, CACOs should contact the regional CAC office or their case manager for guidance.

Although EFT is the preferred method of delivery, if the beneficiary desires a paper check, the check is issued by DFAS, which will overnight the check to either the CACO or the regional CAC office. Whenever a check is issued in lieu of EFT, CACOs will offer to accompany the death gratuity beneficiary to the financial institution of their choice and provide assistance with the transaction.

CACOs will inform and explain to any beneficiary who receives a death gratuity check that many financial institutions have policies which preclude immediate access to those funds and that this delay may range from 7 to 10 business days. EFT payment improves the security and speed by which the funds are made available to the eligible beneficiary.

CACOs will provide the bank representative and the eligible beneficiaries the following telephone numbers: (800) 368-3202 (toll free), (901) 874-2501 (Comm), and 882-2501 (DSN) so they can call 24/7 to speak with a Navy Casualty Office representative to verify death gratuity eligibility and the amount authorized.

CACOs will encourage the eligible beneficiary to seek financial counseling and advice from a duly licensed source (e.g., Navy Mutual Aid, Navy-Marine Corps Relief Society, their bank/credit union or a financial counselor). The CACO will offer assistance in obtaining the same, if desired.

Minor Children: Guardianship of the property of a minor child is completely different than guardianship of the child(ren). The laws of the state the children reside in will determine whether or not the monies can be delivered. A parent or guardian will be required to go through the local court system to establish guardianship of the minor's property. Normally the court will set up a trust fund in the child's name with the parent as a guardian of that fund. The guardian can return to the court to petition for a release of funds as needs arise. "Will" recommendations will be considered during this process. If the parent or guardian doesn't desire to have guardianship established, the monies will remain in place until the child reaches the age of majority, at which time the monies will be awarded and the case can be closed.

The Range of Reactions to Notification

Be prepared for a wide range of reactions and responses to the notification. If the NOK remains silent, then usually it is safe to proceed with details. Reactions include:

Physical Response: Fainting, hyperventilating, nausea, vomiting, cardiac arrest or self-inflicted injuries.

Anger: Rage that may include screaming or attempts to strike the CACO or others.

Uncontrolled Grief and Hysteria: Crying, sobbing, tearing at clothing, pulling their hair.

Apparent Disinterest: Appearance that the news does not affect them (this reaction may be a form of denial).

Denial: A reaction that does not allow the NOK to process the news. Usually a temporary anesthetic that allows us to continue to function in the face of events that would otherwise be debilitating.

Block Out: A reaction to an unexpected event that impairs recollection or memory of what was heard or said. Do not assume the NOK will hear or remember anything you say.

Resentment/Blame: In some cases, the NOK will feel resentment toward the Navy or others and blame the loss on them.

Communication Principles

Active listening skills are an effective tool for a CACO. At the time of the initial notification, communication principles are very simple: speaking softly and calmly, nodding your head to show acknowledgement, maintaining appropriate eye contact, and using words such as “I see” or “I understand.”

As your relationship with the family continues, other active listening skills will help:

- **Minimize internal distractions.** If your own thoughts keep intruding, simply let them go and continuously re-focus your attention on the speaker, much as you would during meditation.
- **Keep an open mind.** Wait until the speaker is finished before deciding that you disagree. Try not to make assumptions about what the speaker is thinking.
- **Avoid letting the speaker know how you handled a similar situation.** Unless they specifically ask for advice, assume they just need to talk it out.
- **Even if the speaker is launching a complaint against you, wait until the speaker finishes before defending yourself.** The speaker will feel as though his/her point has been made. They will not feel the need to repeat it, and you will know the whole argument before you respond. Research shows that, on average, we can hear four times faster than we can talk, so we have the ability to sort ideas as they come in... and be ready for more.
- **Engage yourself.** Ask questions for clarification, but, once again, wait until the speaker has finished. That way, you will not interrupt his/her train of thought. After you ask questions, paraphrase what you heard to make sure you understood the speaker correctly. Start with: “So you’re saying...”
- **Do not make promises.** Do not make promises about benefits. Do not commit to or promise the NOK anything that cannot be provided or that is clearly outside the jurisdiction of the Navy. You are not a benefits expert, so during the notification visit it is best to refrain from discussing benefits, entitlements, and disposition of remains unless specifically requested by the NOK. These issues will be briefed to you by the RPM and case managers at PERS-00C prior to the benefits visit.

Barriers to communication can be significant in any situation, but especially under the conditions that you will be working. Barriers include:

- **Expectations:** Assumptions a person has made before the communication begins about what will take place, how another person thinks or feels or how another person will act.
- **Self-concept:** How we see ourselves affects how we communicate. For example, if you believe you are less intelligent than the person you are communicating with you may simply accept what that person says, even if you disagree.
- **Emotion:** How we are feeling affects the way we communicate. A normally calm person who is able to express ideas rationally may have trouble doing that if he is experiencing a strong emotion such as grief, frustration or anger. People in the grip of emotion may also have problems hearing suggestions that do not mirror their point of view.
- **Message content:** The message content is unpalatable, and the receiver may choose to disregard the message or turn against the messenger.
- **Social Role Assumptions:** Differences in rank and rate can lead to perceived differences in social status. A person may defer to or be less open with people who are perceived to be in a higher social position or rank.
- **Gender Assumptions:** Similar to expectations, but the assumptions made are based on gender. For example, women are impractical and emotional; men are unobservant and poor communicators.
- **Muddled or Confused Messages:** When you are not clear on what you want to say, or when you give out too much information.
- **Unfavorable Channel:** Choosing a method of delivery that is not optimal. (Example: having to deliver notification over the phone.)
- **Language:** Assumption that the words you use are understood in the same way by the receiver. This would include use of shorthand and acronyms.
- **Unintentional Invalidation:** When someone discounts what someone else is feeling or saying. Dangerous statements include things like, “You’ll find someone else,” or “You’ll get over it,” or “Come on, it isn’t that bad...” or “You think you’re suffering. When my dog died, I was devastated.” Or “I know exactly how you feel. When my grandfather passed away, I was lost.”
- **Timing is off:** When a person is dealing with emergency issues, he/she will not be able to focus on long-term fixes.
- **Discomfort with Silence:** When a speaker rushes in because he/she is uncomfortable with silence. You must recognize the importance of letting people think and letting silence work.
- **Diverting:** When one speaker moves the conversation to what he or she wants to talk about (“You think that’s bad, the other day I was ...”)

Tips for Productive Communication:

- Do not attempt to fix or remedy the situation — it can't be done. However, you can help pick up the pieces.
- Do not argue, defend, rationalize or justify.
- Do not minimize or diminish: Phrases such as “It’s for the best” or “You’ll feel better soon” are often not effective.
- Do not absorb or invalidate.
- Do chunk information into small pieces. Large amounts of information are difficult to process. Pause after presenting two or three facts.
- Do check for understanding. Do not wait for the NOK to seek clarification. (Example: “Let’s make sure we have this correct.” Rather than simply asking if there are any questions.)

Do summarize often: Rephrase and summarize key points. (Example: Now, let’s review what we have said so that I can ensure that we have covered everything or if something needs further explanation.)

Casualty Assistance Calls Officer Notification Checklist

Follow-Up to the Notification Visit

- Provide Information to regional CAC office (ROC if after hours):** Immediately report the following by phone
 - Date of Notification:

 - Time of Notification:

 - Verified Name of NOK:

 - Address and Phone of NOK:

 - Accompanying Chaplain's Name (or service member) (if applicable):

 - Social Security Number of NOK (if applicable):

 - Preference for receiving death gratuity (if applicable):

- Provide Information to Commanding Officer of Deceased Service Member:** Call the deceased service member's commanding officer (PCR Item Bravo) and report the date and time of notification to the NOK.
- MAO/DAO:** If your NOK is the PADD, contact the Mortuary Affairs Office or Decedent Affairs Office for a detailed breakdown of authorized mortuary benefits and guidance.
 - Ask if the AFMAO FAQ sheet and acknowledgement is required.
- Advise Others:** Keep PERS-00C, other involved CAC offices, and any other CACOs assigned to this case informed of any issues.
- Additional Administration:** Keep accurate and up-to-date case notes in your case file.
 - Travel Notes
 - Mileage records for travel claims
 - Official cell phone calls above normal plan
 - Make 2 copies of all documents
 - Maintain file copy and give one to PNOK/SNOK

Casualty Assistance Calls Officer Notification Checklist

Forms and Information for the Notification Visit available at the CACO resource webpage

Form Name	Form Number
CACO Calling Card Template	
Dignified Transfer of Remains Script	
Next of Kin Travel Request	OPNAV 1770/2
Consent to Release Personal Information	OPNAV 1770/1
Next of Kin Identification	OPNAV 1770/3
Death Gratuity	MILPERSMAN 1770-280
Death Gratuity Payment Instructions	
Claim Certification and Voucher for Death Gratuity Payment	DD Form 397
Direct Deposit Sign-Up Form	SF 1199A

Case Contact Information for Notification Visit

Contact Type	Contact Information (Name, Phone, Fax, Email, etc.)
American Red Cross	Toll Free: (877) 272-7337
Chaplain	
Command Information (CO, XO, CMC, etc.)	
Decedent Affairs Office	
Navy Mortuary Affairs Office	Toll Free: (866) 787-0081 After Hours Cell: (901) 619-8157
Navy-Marine Corps Relief Society	Toll Free: (800) 654-8364
Other CAC Offices/ CACO's	
Regional CAC Office	

Sample Forms

Dignified Transfer of Remains Script

Dignified Transfer of Remains Script

RANK AND NAME OF FALLEN: GM2 LEROY Q SAILOR

RELATIONSHIP TO PNOK: SON

PRIMARY NEXT OF KIN (PNOK): JOHN Q. SAILOR

Sir/Ma'am:

The Department of Defense 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 son is scheduled to arrive. At the time of your son's arrival, a Dignified Transfer will occur. This solemn and dignified moment embraces the movement of your son 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.

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

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

YES TRAVEL NO TRAVEL UNDECIDED AT THIS TIME

Designated Traveler (PNOK): JOHN Q. SAILOR

Secondary Traveler: KERI L. SAILOR

Third Traveler: SAM D. SAILOR

MEDIA CONSENT

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

- PUBLIC MEDIA: yes and DVD yes:** I choose to have the Dignified Transfer recorded and presented on a DVD; and **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)
- PUBLIC MEDIA: no and DVD yes:** I choose to have the Dignified Transfer recorded and presented on a DVD; **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)
- NO MEDIA AND NO DVD:** I choose **NO** recording of the Dignified Transfer. (NO RECORD)

Witnessed Printed Name: ANY CACO

Witnessed Signature / Date: 

- This script is printed directly out of DCIPS and will be given to you by your Regional Casualty Assistance Center. Contact OPNAV N135C as soon as possible once PNOK decision is obtained. E-mail the above document as soon as possible.

Sample Forms

Consent to Release Personal Information (OPNAV 1770/1)

FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE
Any misuse or unauthorized disclosure of this information
may result in both criminal and civil penalties.

OMB 0703-0076 Exp 12/31/2022
OPNAVINST 1770.1(Series)

CONSENT TO RELEASE PERSONAL INFORMATION		
<p>PRIVACY ACT STATEMENT</p> <p>Authority: 5 U.S.C. 5013, DoDD 1300.15 Military Funeral Support; DoDD 1300.22 Mortuary Affairs Policy; DoDI 1300.18 Personnel Casualty Matters, Policies, and Procedures; Office of the Assistant Secretary of Defense Memorandum, Subject Defense Casualty Information Processing System, dated Oct 22, 1999; E.O 9397 (SSN), as amended; and SORIN A0600-8-1c AHRC DoD.</p> <p>Purpose: To provide DoD with a single joint military casualty information processing system; to provide support for the management of casualty and mortuary affairs by the Services Casualty and Mortuary Affairs Offices; to respond to inquiries; to provide statistical data comprising type, number, place and cause of incident to DoD Services' members; and to support the families of service members. To obtain consent to release personal information of the next of kin of Service Members who are Duty Status Whereabouts Unknown (DUSTWUN), missing, or deceased.</p> <p>Routine Use: In addition to those disclosures generally permitted under Title 5 US Code Section 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to Title 5 US Code Section 552a(b)(3) as follows: information from these records may be disclosed to the Department of Veterans Affairs, and other Federal agencies in connection with eligibility, notification and assistance in obtaining benefits due, to third parties offering private victim relief and condolences as a result of a Service Member's death.</p> <p>Disclosure: Voluntary. However, failure to provide the requested information may cause payments of benefits and entitlements to be delayed.</p>		
<p>AGENCY DISCLOSURE NOTICE</p> <p>The public reporting burden for this collection of information, [OMB 0703-0076], is estimated to average two (2) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>		
<p>AUTHORIZATION STATEMENT</p> <p>I hereby authorize the U.S. Navy, through its agents including my Casualty Assistance Calls Officer, to release the personal information as identified for the individuals listed below to any individual(s) or organization(s), to include Members of Congress, making an offer of support and condolences in the form of letters, gifts, grants and financial relief. I understand this authorization may be revoked at any time, if requested in writing by me, except to the extent that action has already been taken. I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult to whom the requested information or record applies. Each legally competent adult (over the age of 18) must complete a separate form and provide his or her signature.</p> <p style="text-align: center;"><input type="checkbox"/> I DO NOT authorize disclosure of my contact information.</p> <div style="text-align: right; margin-top: 5px;"> ADD ROW DELETE ROW </div>		
Name	Address	Phone Number
Name (Please Type or Print):	Signature:	Date:

Sample Forms

Next of Kin Travel Request (OPNAV 1770/2) Page 1 of 3

Any misuse or unauthorized disclosure of this information
may result in both criminal and civil penalties.

OMB 0703-0076 Exp 12/31/2022
OPNAVINST 1770.1(Series)

NEXT OF KIN TRAVEL REQUEST					
<p>PRIVACY ACT STATEMENT</p> <p>Authority: 5 U.S.C. 5013, DoDD 1300.15, Military Funeral Support, DoDD 1300.22, Mortuary Affairs Policy; DoDI 1300.18, Personnel Casualty Matters, Policies, and Procedures; Office of the Assistant Secretary of Defense Memorandum, Subject: Defense Casualty Information Processing System, dated Oct 22, 1999; E.O 9397 (SSN), as amended; and SORN A0600-8-1c AHRG DoD.</p> <p>Purpose: To provide DoD with a single joint military casualty information processing system; to provide support for the management of casualty and mortuary affairs by the Services Casualty and Mortuary Affairs Offices; to respond to inquiries; to provide statistical data comprising type, number, place and cause of incident to DoD Services' members; and to support the families of service members. To obtain consent to release personal information of the next of kin of Service Members who are Duty Status Whereabouts Unknown (DUSTWUN), missing, or deceased.</p> <p>Routine Uses: In addition to those disclosures generally permitted under Title 5 US Code Section 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to Title 5 US Code Section 552a(b)(3) as follows: information from these records may be disclosed to the Department of Veterans Affairs, and other Federal agencies in connection with eligibility, notification and assistance in obtaining benefits due, to third parties offering private victim relief and condolences as a result of a Service Member's death.</p> <p>Disclosure: Voluntary. However failure to provide the requested information may cause payments of benefits and entitlements to be delayed.</p>					
<p>AGENCY DISCLOSURE NOTICE</p> <p>The public reporting burden for this collection of information, OMB 0703-0076, is estimated to average two (2) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>					
1. Service Member's Entire Full Name (Last, First, Middle):				2. Date of Request:	
SECTION 1: INFORMATION OF TRAVELER					
3. <input type="checkbox"/> MR Full Legal Name of Traveler (Last, First, Middle): <input type="checkbox"/> MS <input type="checkbox"/> MRS					
4. Date of Birth:	5. Full SSN:	6. Gender:	7. Relationship to Service Member:	8. Telephone Number:	
9. Address (Street Address, City, State, and Zip Code+4):			10. E-Mail Address:		
11. Is Traveler in the Defense Travel System (DTS)? If YES proceed to field 12, if NO proceed to Section 2 field 13. <input type="checkbox"/> YES <input type="checkbox"/> NO			12. Is Traveler <input type="checkbox"/> Military or <input type="checkbox"/> DoD Employee? Provide Command Travel Coordinator Contact information below:		
SECTION 2: TRAVEL SPECIFIC INFORMATION					
13. Purpose of Travel (i.e. Funeral, Memorial, Dignified Transfer, Beside Travel):		14. Date of Event:	15. Location of Event (City and State: If applicable, name of Cemetery):		
16. Traveling via personally owned vehicle (POV)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate as driver or passenger: <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER		17. Traveling via commercial airline? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was flight scheduled by U.S. Navy or traveler: <input type="checkbox"/> U.S. NAVY <input type="checkbox"/> TRAVELER			
18. Preferred Airport for Departure to Event:				19. Date and Time of Departure:	
20. Traveling via POV to Airport? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate as driver or passenger: <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER		21. POV parked at Airport? <input type="checkbox"/> YES <input type="checkbox"/> NO			
22. Preferred Airport for Arrival to Event:				23. Date and Time of Return:	

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Any misuse or unauthorized disclosure of this information
may result in both criminal and civil penalties.

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Additional Information:

- * Casualty Assistant Call Officer provides travel claims and receipts to Navy Personnel Command (PERS-00C) upon completion of travel liquidation. A separate travel claim must be completed for each traveler, including minors. (Parents are authorized to sign travel claims for the minors.)
- * All receipts must be in the traveler's name.
- * When POV is utilized, mileage will be computed per Defense Travel System (DTS) charts.
- * Reimbursement for self-procured airfare and lodging will be limited to government cost.
- * Rental cars are not an authorized expense.
- * Travel is authorized from residence to event site and back. Travelers are not authorized to visit other locations at government expense.
- * Electronic Funds Transfer (EFT) information must be provided as soon as possible for reimbursement unless payment is requested by check.

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NEXT OF KIN TRAVEL REQUEST INSTRUCTIONS

Field 1 Service Member's Full Name: Enter Last name, first name, and middle name of the ill, injured, or deceased sailor.

Field 2 Date of Request: Enter date the traveler completes the form. Date format DD Mmm YYYY.

Section 1: Information of Traveler

Field 3 Full Legal Name of Traveler: Check the block that applies to the traveler, enter last name, first name, and middle name of the traveler.

Field 4 Date of Birth: Enter traveler's date of birth. Date format DD Mmm YYYY.

Field 5 Full SSN: Enter traveler's full SSN number.

Field 6 Gender: Enter traveler's gender. (Male/Female)

Field 7 Relationship to Deceased: Enter traveler's relationship to the ill, injured or deceased sailor (i.e., Spouse, Mother, Father, Brother, Sister, Child, Etc.).

Field 8 Telephone Number: Enter traveler's phone number (format 999-999-9999).

Field 9 Address: Enter traveler's full home address.

Field 10 E-Mail Address: Enter traveler's full e-mail address.

Field 11 Is Traveler in the Defense Travel System (DTS): Check either "Yes" or "No" check box. If "Yes" proceed to filed 12, if "No" proceed to Section 2 field 13.

Field 12 Is Traveler Military or DoD Employee? Provide Command Travel Coordinator Contact Information below: Check either "Military" or "DoD Employee" check box. Enter traveler's Command Travel Coordinator contract information.

Section 2: TRAVEL SPECIFIC INFORMATION

Field 13 Purpose of Travel: Enter purpose of travel (i.e. Funeral, Memorial, Dignified Transfer, Bedside Travel, etc.).

Field 14 Date of Event: Enter date if the event from field 13.

Field 15 Location of Event: Enter the city and state where the event from field 13 is to be held, if applicable, enter name of Cemetery.

Field 16 Traveling via personally owned vehicle (POV)? If "YES", indicate as driver or passenger.: Check either "Yes" or "No" check box, if check "Yes", check either the "Driver" or "Passenger" check box.

Field 17 Traveling via commercial airline? If "YES", was flight scheduled by U.S. Navy or traveler: Check either "Yes" or "No" check box, if check "Yes", check either the "U.S. Navy" or "Traveler" check box.

Field 18 Preferred Airport for Departure to Event: Enter name of airport, city and state.

Field 19 Date and Time of Departure: Enter day and time traveler wants to leave (format MM/DD/YYYY, 0000).

Field 20 Traveling via POV to airport? If "YES", indicate as driver or passenger.: Check either "Yes" or "No" check box, if check "Yes", check either the "Driver" or "Passenger" check box.

Field 21 POV parked at Airport?: Check either "Yes" or "No" check box.

Field 22 Preferred Airport for Arrival: Enter name of airport, city and state.

Field 23 Date and Time of Return: Enter day and time traveler wants to travel back to place of departure (format (MM/DD/YYYY 0000)

Sample Forms

Next of Kin Identification (OPNAV 1770/3) Page 1 of 3

OMB 0703-0076 Exp 12/31/2022
OPNAVINST 1770.1 (Series)

NEXT OF KIN IDENTIFICATION				
<p>PRIVACY ACT STATEMENT</p> <p>Authority: 5 U.S.C. 5701; and 5702 et seq. Travel, Transportation and Subsistence; 10 U.S.C. 2631-2635 and Chapter 7; 37 U.S.C. 404, Travel and Transportation Allowances-General; 10 U.S.C. 2631-2635 and Chapter 7; 37 U.S.C. 404, Travel and Transportation Allowances-General, and E.O 9397 (SSN), as amended; and BORN ND4650-1.</p> <p>Purpose: To provide official travel services; determine eligibility for transportation; to authorize or deny transportation; and otherwise manage the Navy-wide passenger transportation system. Information is also used for audit or research purposes to obtain background information/data.</p> <p>Routine Uses: Information may be disclosed to officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the provision of transportation; diplomatic, official, and other no-cost passports; and visas to subject individuals. To Foreign embassies, legations, and consular offices to determine eligibility for visas to respective countries, if visa is required.</p> <p>To Commercial Carriers providing transportation to individuals whose applications are processed through this system of records.</p> <p>When required by Federal statute, by Executive Order, or by treaty, personnel record information will be disclosed to the individual, organization, or governmental agency as necessary.</p> <p>Disclosure: Disclosure of personal information is voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel entitlements</p>				
<p>AGENCY DISCLOSURE NOTICE</p> <p>The public reporting burden for this collection of information, OMB 0703-0076, is estimated to average two (2) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-a1ex.esd.mbx:dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>				
<p>Next of Kin Information is required of the Service Member's Parents, Minor Children, and All Others receiving benefits.</p>				
1. Region:	2. Submitted By:	3. Submit Date:		
4. Decedent's Entire Full Name (Last, First, Middle):				
<p>SECTION 1 - NEXT OF KIN INFORMATION</p>				
<p>5. <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MRS Full Name (Last, First, Middle):</p>				
6. Relationship to Deceased:	7. Date of Birth:	8. Full SSN:	9. Notification Time/Date:	10. Notified by:
11. Address (Street Address, City, State, and Zip Code+4):				
<p>Address Type: <input type="checkbox"/> Base/Military Housing <input type="checkbox"/> Contract or Leased Housing <input type="checkbox"/> Privately Owned Housing</p>				
12. Home Telephone Number:	13. Cell Phone Number:	14. Work Telephone Number:		
<p>SECTION 2 - CACO INFORMATION</p>				
15. CACO Full Name (Last, First, Middle):			16. Duty Station:	
17. Address (Street Address, City, State, and Zip Code+4):				
<p>Address Type: <input type="checkbox"/> Personal Address <input type="checkbox"/> Official Address</p>				
18. Home Telephone Number:	19. Cell Phone Number:	20. Work Telephone Number:		

OPNAV 1770/3 (NOV 2019)

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Any misuse or unauthorized disclosure of this information
may result in both criminal and civil penalties

Page 1 of 3

SECTION 3 - DEPENDENT CHILD(REN) INFORMATION <i>(If under the age of 18 or legally incompetent, list the guardian's name and relationship)</i>		
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:
Legal Guardian/Custodian Name:	Relationship:	
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:
Legal Guardian/Custodian Name:	Relationship:	
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:
Legal Guardian/Custodian Name:	Relationship:	
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:
Legal Guardian/Custodian Name:	Relationship:	
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:
Legal Guardian/Custodian Name:	Relationship:	
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:
Legal Guardian/Custodian Name:	Relationship:	
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:
Legal Guardian/Custodian Name:	Relationship:	
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:
Legal Guardian/Custodian Name:	Relationship:	
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:
Legal Guardian/Custodian Name:	Relationship:	
Notified By:	Notification Date:	
SECTION 4 - REGIONAL COORDINATOR VERIFICATION OF NEXT OF KIN INFORMATION		
I certify that all the information provided herein has been verified as correct.		
Regional Coordinator Name (Last, First, MI) and Rank:	Signature Date:	Regional Coordinator Signature:
PLEASE COMPLETE WITHIN 24 HOURS WHEN COMPLETED, FAX TO REGIONAL COORDINATOR		

INSTRUCTIONS FOR OPNAV 1770/3 NEXT OF KIN IDENTIFICATION

Block 1 Region - Enter region in which next of kin lives.

Block 2 Submitted By - Enter name of the Casualty Assistance Calls Officer.

Block 3 Submit Date - Enter date submitted by Casualty Assistance Calls Officer (DD MMM YYYY).

Block 4 Decedent's Entire Full Name - Enter last name, first name, and middle name of the deceased Sailor.

Section 1: Next Of Kin Information

Block 5 Full Name of Next of Kin - Check the block that applies to the next of kin, and enter last name, first name, and middle name of the next of kin.

Block 6 Relationship to Deceased - List specific relationship to deceased (e.g. Spouse, parent, step-parent, child, sibling, step-sibling, etc.)

Block 7 Date of Birth - Enter next of kin's date of birth (DD MMM YYYY).

Block 8 Full SSN - Enter next of kin's full social security number.

Block 9 Notification Time/Date - Enter time/date of the in person CACO notification (0000/DD MMM YYYY).

Block 10 Notified By - Enter name of person who notified next of kin (May be different than CACO).

Block 11 Address (Street Address, City, State, and Zip Code+4) - Enter next of kin home address, check applicable check box for address type.

Block 12 Home Telephone Number - Enter next of kin home telephone number (if applicable).

Block 13 - Cell Phone Number - Enter next of kin cell phone number (if applicable).

Block 14 Work Telephone Number - Enter next of kin work telephone number. Not required, if next of kin does not wish to be contacted at work.

Section 2: CACO Information

Block 15 CACO Full Name - Enter full name of the CACO (Last name, first name, middle name).

Block 16 Duty Station - Enter the CACO's duty station.

Block 17 Address (Street Address, City, State, and Zip Code+4) - Enter CACO's full address, check applicable check box for address type.

Block 18 Home Telephone Number: Enter CACO's home telephone number (if applicable).

Block 19 Cell Phone Number - Enter CACO's cell phone number (if applicable).

Block 20 Work Telephone Number - Enter CACO's work telephone number including extension.

Section 3: Dependent Child(ren) Information - If under the age of 19 or legally incompetent, in the fields provided, Enter:

Full Name of Dependent Child - Enter last name, first name, and middle name of the child.

Date of Birth - Enter child's date of birth (DD MMM YYYY).

Full SSN - Enter child's full social security number.

Legal Guardian/Custodian Name: Enter full name of legal guardian/custodian name (Last name, first name, middle name).

Section 4: Regional Coordinator Verification of Next of Kin Information

Regional Coordinator Name and Rank - Enter last name, first name, and middle name and rank of regional coordinator.

Signature Date - Enter date of regional coordinator's signature.

Regional Coordinator Signature - Regional coordinator signature.

Sample Forms

Claim Certification and Voucher for Death Gratuity Payment (DD form 397) Page 1 of 3

Prescribed by: [DoD 7000.14-R](#)

CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT <i>(10 U.S.C. 1475-1480 and regulations pursuant thereto)</i>		1. BUREAU VOUCHER NO.	2. D.O. VOUCHER NO.	<small>OMB No. 0730-0017 OMB approval expires 20210228</small>
<p>Return completed form to the appropriate Service Casualty Office or contact the Service Pay or Finance Office for direction on where to submit your completed form. DO NOT return your form to the address in the paragraph below.</p> <p>The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: 10 U.S.C. 1475-1478, Death Gratuity, et al. ; DoD 7000.14-R, Vol 7A, Chapter 36, Financial Management Regulation; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): To record the name and address of the designated beneficiary(ies) or next-of-kin eligible to receive the death gratuity payment for the deceased service member, in accordance with a finding by the Secretary of the Service concerned, and to maintain a record of the disbursement of these benefits.</p> <p>ROUTINE USE(S): To the Treasury Department to provide information on check issues and electronic funds transfers. To the Internal Revenue Service to report taxable earnings and taxes withheld, accounting, and tax audits, and to compute or resolve tax liability or tax levies. Additional routine uses are listed in the applicable system of records notices: T7340, Defense Joint Military Pay System-Active Component (http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570191/t7340/); T7344, Defense Joint Military Pay System-Reserve Component (http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570195/t7344/); M01040-3, Marine Corps Manpower Management Information System Records (http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/); T7320a, Deployable Disbursing System (http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570179/t7320a/); T7906, Automated Disbursing System (http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570203/t7906/); T7347b, Defense Military Retiree and Annuity Pay System Records (http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/);</p> <p>DISCLOSURE: Voluntary; however, failure to provide the requested information may impede or delay the processing of this claim.</p>				
<p>NOTE: Penalties for presenting false claims or making false statements in connection with claims may include criminal fines or imprisonment of up to 5 years per incident and civil fines in excess of \$10,000 (False Claims Act, as amended, 31 U.S.C. Sections 3729-3733 and 18 U.S.C. Sections 287 and 1001).</p>				
3. APPROPRIATION SYMBOL AND TITLE			4. PAID BY	
5. PAYEE NAME	a. ADDRESS	b. CITY	c. STATE	d. ZIP CODE
6. SERVICE MEMBER <i>(Last name - First name - Middle initial)</i>		7. SSN (DoD ID for USMC Only)	8. GRADE	
9. PLACE OF DEATH		10. DATE OF DEATH	11. DUE PAYEE	
<p>12. CERTIFICATE OF PAYEE FILING CLAIM UNDER SURVIVOR PRECEDENT LIST MANDATED BY LAW <i>(Place an "check" in one of the following boxes, according to your relationship to the decedent)</i></p> <p>I certify that I have not received gratuity pay/ that I am applying for under the survivor precedent list and I am:</p>				
<p><input type="checkbox"/> a. <input type="checkbox"/> HIS WIDOW <input type="checkbox"/> HER WIDOWER <i>(Complete only Block 15 and have Block 15 signed by two certifying witnesses.)</i></p>				
<p><input type="checkbox"/> b. A CHILD OF THE DECEDENT OR DESCENDANT OF A DECEASED CHILD AND THAT THERE IS NO WIDOW(ER) SURVIVING; THAT THE CONTENT OF BLOCK 13 IS ACCURATE AS SHOWN. <i>(If payee is a minor at the time of preparation of this form, Block 15 must be completed by the duly appointed guardian and documentary proof of guardianship furnished. Complete Blocks 13 and 15 and have Block 15 signed by two certifying witnesses)</i></p>				
<p><input type="checkbox"/> c. <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER THAT THERE IS NO WIDOW(ER), OR CHILD SURVIVING. <i>(Complete Blocks 13 and 15 and have Block 15 signed by two certifying witnesses.)</i></p>				
<p><input type="checkbox"/> d. DULY-APPOINTED EXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE PERSON</p>				
<p><input type="checkbox"/> e. OTHER <i>(next of kin of the member entitled under the laws of domicile of the member at the time of the member's death).</i> Indicate relationship</p>				

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PREVIOUS EDITION IS OBSOLETE.

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Claim Certification and Voucher for Death Gratuity Payment (DD form 397) Page 2 of 3

Prescribed by: DoD 7000.14-R

13. CHILDREN OF THE DECEDENT (If none, so state. Attach additional page if more space is needed)			
a. NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code)		
14. CERTIFICATE OF PAYEE FILING CLAIM AS A DESIGNATED BENEFICIARY (a member may designate on the DD93 one or more persons to receive all or a portion of the amount payable). Indicate your relationship. If a member designates only a portion of the amount payable, then the remaining amount of the death gratuity not covered by a designation will be paid following the survivor precedent list, as described in the DoD FMR, Volume 7A, Chapter 36.			
<input type="checkbox"/> I certify that I have not received gratuity pay; that I am applying as a designated beneficiary.		Indicate relationship	
15. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE (Two witnesses are required) I certify that I am personally well acquainted with the above-named payee, that I have read the above statement which was signed in my presence, and that said statement is true to the best of my knowledge and belief.			
a. PAYEE ADDRESS (Include ZIP Code)		b. SIGNATURE OF PAYEE (Must be affixed in the presence of two witnesses)	
(1) FIRST WITNESS ADDRESS (Include ZIP Code)		a. A WITNESS SIGNATURE	
(2) SECOND WITNESS ADDRESS (Include ZIP Code)		a. A WITNESS SIGNATURE	
16. ADMINISTRATIVE STATEMENT. The above-named payee is authorized to receive gratuity pay due to the death of the decedent, and has been so designated by the decedent or is eligible under the survivor precedent list.			
a. TYPED NAME	b. TITLE	c. SIGNATURE	d. DATE (YYYYMMDD)
17. PAYMENT			
a. PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE			
(1) CHECK NUMBER	(2) AMOUNT OF CHECK	(3) DATE OF CHECK (YYYYMMDD)	
b. ELECTRONIC FUNDS TRANSFER (EFT)			
(1) BANKING INSTITUTION	(2) ACCOUNT NUMBER	(3) ROUTING NUMBER	

DD FORM 397, OCT 2019

PREVIOUS EDITION IS OBSOLETE.

Page 2 of 3

Prescribed by: [DoD 7000.14-R](#)

INSTRUCTIONS	
<p>1. BUREAU VOUCHER NUMBER.</p> <p>2. D.O. VOUCHER NUMBER</p> <p>3. APPROPRIATION SYMBOL AND TITLE</p> <p>4. PAID BY</p> <p>5. NAME AND ADDRESS OF PAYEE. Enter the full name and address of the person to whom payment will be made. When a minor child is a designated or *undesignated beneficiary, payment will be made according to the provisions of the Department of Defense Financial Management Regulations (DoDFMR), Volume 7A, Chapter 36 at http://comptroller.defense.gov/fmr/current/07a/Volume_07a.pdf. The individual determined by this regulation should be entered here. *Non-designated beneficiary results when the service member dies without designating beneficiaries and the survivor precedent list, as described in Chapter 36 of the DoDFMR, Volume 7A, is followed.</p> <p>6. SERVICE MEMBER. (Last Name, First Name, Middle Initial). Enter the full name of the decedent.</p> <p>7. SSN (DoD ID for USMC Only). Enter the Social Security Number of the service member (decedent). For USMC Only, please use DoD ID number</p> <p>8. GRADE. Enter the pay grade of the service member at the time of death, if known (e.g. E-4, O3). If not known, office or enlisted is sufficient.</p> <p>9. PLACE OF DEATH. Enter the place where the service member died.</p> <p>10. DATE OF DEATH. Enter the date of service member's death.</p> <p>11. DUE PAYEE. Enter the amount of death gratuity for which you (or the minor child) are entitled.</p> <p>12. CERTIFICATE OF PAYEE FILING CLAIM UNDER SURVIVOR PRECEDENT LIST MANDATED BY LAW. Place an "X" in the block that applies to you (and the minor child, if applicable).</p> <p>a. WIDOW/WIDOWER. (If this is the only block you "X", proceed to block 15).</p> <p>b. A CHILD OF THE DECEDENT OR DESCENDANT OF A DECEASED CHILD AND THAT THERE IS NO WIDOW(ER) SURVIVING. (If child is a minor, guardian must sign in block 15b and have two witnesses complete blocks 15b(1) and 15b(2) and provide a certified copy of the appointment paper if a guardian of a minor child, or children, has been appointed by the court (as distinguished from being awarded physical custody).</p> <p>c. THE FATHER/MOTHER OF THE DECEDENT. (If you "X" this block, you are also certifying that there is no surviving widow(er) or child).</p> <p>d. DULY-APPOINTED EXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE PERSON.</p>	<p>e. OTHER. (next of kin of the person entitled under the laws of domicile of the person at the time of the person's death). Indicate relationship.</p> <p>13. CHILDREN OF DECEDENT. Only fill in if claim is on behalf of a child of the decedent.</p> <p>14. CERTIFICATE OF PAYEE FILING CLAIM AS A DESIGNATED BENEFICIARY (a member may designate on the DD93 one or more persons to receive all or a portion of the amount payable). Indicate your relationship. If a member designates only a portion of the amount payable, then the remaining amount of the death gratuity not covered by a designation will be paid following the survivor precedent list, as described in the DoD FMR, Volume 7A, Chapter 36.</p> <p>15. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE. To be completed by payee and witnesses.</p> <p>16. ADMINISTRATIVE STATEMENT.</p> <p>a. TYPED NAME. Type the name of the individual who verified the eligibility of the beneficiary.</p> <p>b. TITLE. Title of the individual who verified the eligibility of the beneficiary.</p> <p>c. SIGNATURE. Signature of the individual who verified the eligibility of the beneficiary.</p> <p>d. DATE. (YYYYMMDD)</p> <p>17. PAYMENT.</p> <p>a. PAID BY CHECK DRAWN IN FAVOR OF PAYER NAMED ABOVE</p> <p>(1) Check Number.</p> <p>(2) Amount of Check.</p> <p>(3) Date of Check.</p> <p>b. ELECTRONIC FUNDS TRANSFER (EFT). Complete financial institution information for payee.</p> <p>(1) Banking Institution. Enter the name of the payee's financial institution here.</p> <p>(2) Account Number. Enter the payee's account number where the payment should be deposited.</p> <p>(3) Routing Number. 9-digit identification number unique to the payee's financial institution (printed on checks issued by the financial institution or otherwise available from the financial institution).</p>

Sample Forms

EFT Death Gratuity Payment Form (Direct Deposit)

EFT DEATH GRATUITY PAYMENT FORM

Privacy Act Statement:

Authority: USC 5701,37 USC 404-427, EO 9397, 31 USC 3322, 32 CFR 209 and/or 210.

Principal Purpose(s): Used for payment of death gratuity. SSN is required for payment of benefits. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

Routine Use(s): To provide financial institution information for payment of benefits via electronic funds transfer.

Disclosure: Voluntary; however, failure to furnish information requested may delay or prevent the receipt of payments through the EFT/DDS programs.

Name of Beneficiary:

SSN:

*******EFT/DDS payments please provide the following information*******

Account Type (circle)

Account Number

CHECKING SAVINGS

Name of Financial Institution

Financial Institution's Routing Transit Number (RTN)

_____

**Note: RTN is available on the bottom of
Your checks or from your financial institution**

Signature:

Date:

Terminology Review

Match the terms with the correct definition.

_____ 1. Bedside Travel

_____ 2. Death Gratuity

_____ 3. OPNAV 1770/1

_____ 4. OPNAV 1770/2

_____ 5. Other Next of Kin (ONOK)

_____ 6. Page 2

_____ 7. Person Authorized to Direct

Disposition (PADD)

_____ 8. Personnel Casualty Report

(PCR)

_____ 9. Primary Next of Kin (PNOK)

_____ 10. Secondary Next of Kin (SNOK)

_____ 11. Dignified Transfer of Remains

_____ 12. OPNAV 1770/3

A. A person, usually the PNOK, who is authorized to direct disposition of human remains. Service members will identify this individual on their DD Form 93. If the identification of this person is not listed by the service member, then the position is recognized in the following order: surviving spouse, children who have reached the age of majority, parents in order of seniority, etc.

B. The person most closely related to the casualty, usually the un-remarried surviving spouse (does not include one who obtained a divorce from the decedent at any time). This person is also usually the PADD. If there is no surviving spouse, others are recognized in the following order: Natural and adopted children, parents, blood or adoptive relative with legal custody, siblings, grandparents, other relationships of legal age, persons standing in loco parentis, remarried surviving spouse. See DoDI 1300.18 for more details.

C. Consent for Release of Personal Information.

D. Could be grandparents, stepparents, stepbrothers and stepsisters.

E. In those military VSI or SI cases in which a competent medical authority requests the presence of NOK at bedside, the casualty office of the military service concerned shall be the final approval authority and shall assist in arranging appropriate government- funded invitational travel in accordance with paragraph U5246 of the Joint Federal Travel Regulations (Reference (s)).

F. Next of Kin Travel Request

G. Includes minor children who reside outside the immediate household of the member, parents (if not listed as PNOK), and any relative or friend named on the NAVPERS 1070-602, Dependency Application/Record of Emergency Data or DD 93, Record of Emergency Data (if listed to receive Death Gratuity/unpaid pay and allowances, SGLI). If the member does not have a spouse, the eldest adult child is PNOK and all other children are SNOK.

H. One-time non-taxable payment to help surviving family members deal with the financial hardships that accompany the loss of a service member.

I. The process by which the Department of Defense moves transfer cases containing human remains from one conveyance to another

J. Primary/Secondary Next of Kin Information Form.

K. Service member's Dependency Application/Record of Emergency Data.

L. The initial report that records the casualty and all relevant, known information. At a minimum, a PCR should include type of casualty, rank, name, Social Security Number, location of the body and factual circumstances. PCRs should be submitted within 4 hours by the commander, commanding officer (CO) or immediate superior in command (ISIC) of a member who suffers a casualty.

Module 3: The Funeral Arrangements Visit



Module Learning Objectives:

- Using the CACO Checklist, the learner will identify the funeral arrangements to be discussed with the PADD.
- Participating in the “Quick Quiz” the learner will correctly identify options for the disposition of remains.
- Using the Risk Factors for Complicated Bereavement, the learner will have the ability to identify complicated grief issues and recommend appropriate referrals.
- The learner will demonstrate knowledge of CACO terms by correctly completing the matching exercise or other review activity.
- The learner will apply the appropriate steps, reports, and information of the Funeral Arrangements Visit to a group case study.

References:

- DoD Instruction 1300.18, Department of Defense (DoD) Personnel Casualty Matters, Policies and Procedures (Jan.8 2008, incorporating change 1, Aug. 14, 2009).
- DoD Instruction 1300.15, Military Funeral Support (December 27, 2017).
- MILPERSMAN 1770 Series.
- NAVMED P-117, Manual of Medical Department
- NAVSO P-6034, Joint Federal Travel Regulations, (JFTR) Volume 1.
- CNIC Instruction 1770.1B, Funeral Honors Support Program (7 April 2020)

Terminology:

- **Statement of Disposition of Military Remains (DD Form 3045):** Person authorized to direct disposition (**PADD**) completes this with the assistance of the CACO. It indicates funeral arrangement preferences.
- **Mortuary Affairs Office (MAO):** This office ensures prompt and uniform death benefits are provided to all Navy beneficiaries worldwide:
 - Morticians are available 24 hours a day to provide benefits guidance and technical assistance to funeral directors and CACOs, or to answer any questions that may arise.
 - Coordinates the Navy's Burial-At-Sea program.
 - Navy morticians (both military and civilian) are assigned to Navy Casualty with duty locations at PERS-00C in Millington, TN, Dover Port Mortuary at Dover AFB, DE, and USMC Casualty Branch at Quantico, VA.
- **Decedent Affairs Office (DAO):** This office provides support for the identification, care and disposition of remains of deceased persons for whom the Department of the Navy is responsible. Service includes:
 - Obtaining proper authorizations for autopsy.
 - Preparation and submission of Death Certificates.
 - Preparation of remains.
 - Advice and counsel to CACOs.
 - Advice and counsel to eligible family members.
- **Escort:**
 - 1) Military: A uniformed member (e.g. member of the deceased parent branch of service) of appropriate grade who accompanies the remains of a deceased member from the servicing mortuary to the place of burial or interment.
 - 2) Special: A military member (e.g. any branch of service), a family member or a friend of the family specifically requested by the PADD to escort the deceased member's remains.
- **Planeside Honors:** A simple ceremony to observe the transfer of the flag-draped casket from the airplane to ground transportation at the final destination. To the maximum extent possible, small honor guards will render appropriate honors plane-side at the arrival airports for all fallen active-duty service members.
- **Memorial Service:** A service with military participation may be held for deceased members whose remains are not recoverable. At the completion of such services taps will be sounded and the pre-folded flag will be presented to the next of kin by the Navy representative.
- **Unit Memorial Service:** A ceremonial command program that honors the service of deceased Military Service members and offers support to grieving unit survivors.

-
- **Primary Care:** The military services annually contract with CONUS mortuaries / funeral homes to provide services at a fixed rate or at no cost to the family including:
 - Removal from place of death.
 - Preparation (dressing and cosmetics).
 - Selection of casket (metal or wood).
 - Uniform preparation.
 - Cremation and urn (metal or wood).
 - Shipment of remains to place of services.
 - Shipment of remains to place of burial under military escort.
 - **Secondary Care:** Includes reimbursement for funeral home usage and cost of gravesite, vault, clergy person's services, opening and closing of grave, floral tribute and obituary notices.

Casualty Assistance Calls Officer Funeral Arrangements Visit Checklist

- Uniform:** Service Khaki or Navy Service Uniform for E-6.
- Death Gratuity (paper check only):** Deliver the death gratuity check (if not already delivered).
 - Have NOK sign the DD-397, Claim Certification and Voucher for Death Gratuity Payment, and fax/e-mail the signed copy to the regional CAC office.
- Consent for the Release of Personal Information, OPNAV 1770/1:** If not completed on the first visit, obtain the signature of the NOK on the OPNAV 1770/1 and fax/e-mail it to the regional CAC office and PERS-00C.
- Primary/Secondary Next of Kin Information, OPNAV 1770/3:** If not completed on the first visit, complete the OPNAV 1770/3. Ensure that all blocks are completed to include all ZIP codes +4 (example: 12345-6789).
- Location of Remains:** Continue to update family as the status changes on location of their loved one's remains and the anticipated transportation date.
- Funeral Allowances:** Counsel Person Authorized to Direct Disposition of remains (PADD) on funeral options/allowances.
 - Statement of Disposition of Military Remains (DD Form 3045): Assist the PADD in completing the form.
 - E-mail (encrypted) a signed copy of the form to the regional CAC office and all other parties concerned.
- Payment of Funeral and/or Interment Expenses (DD-1375):** Obtain PADD signature for each funeral home used.
 - E-mail (encrypted) to regional CAC office and MAO.
- Navy Escort:**
 - Inform the PNOK of the Navy escort of remains (provided by the casualty's command. Arrangements for travel of the escort/remains will be funded by the MAO or the DAO).
- Funeral Honors:**
 - Inform the NOK of eligibility and availability of funeral honors.
 - Arrange for funeral honors through the regional CAC office.

Funeral/Memorial

Date: _____

- Advise the PADD not to schedule a firm funeral date until the remains arrive at the receiving funeral home.

Funeral/Memorial Travel Allowances:

- Complete and submit **OPNAV 1770/2, Next of Kin Travel Request**
- Assist with the family's travel needs; contact PERS-00C for travel orders.
- Verify with the airline that the tickets are indeed purchased and waiting.

Funeral Attendance

- Advise the NOK of your planned attendance at the funeral if the funeral is in your local area.

Survivor Benefit Applications:

- Advise the NOK that survivor benefit applications will be forthcoming within the next 10 working days, and that you will call and make an appointment with them to assist with the completion of the applications.

Advise Others: Keep PERS-00C, other involved CACO offices, and any other CACOs assigned to this case informed of any issues.

Submit NAVPERS 1770/7 — every 30 days until case is closed.

Burial Entitlement and Allowances for Active-Duty Personnel

CACO Counseling

Note: The CACO should contact their regional CAC office to arrange a joint call with the MAO before counseling the NOK on entitlements.

After personally notifying the PNOK, the CACO arranges a second visit, at which time he or she will counsel and assist with the funeral arrangements. The PADD (often the PNOK) will complete the Statement of Disposition of Military Remains (DD Form 3045).

The CACO should encourage the family to allow the Navy to utilize "Primary Care" contractual arrangements because it is economically advantageous. Primary Care expenses include: removal, embalming, casket, clothing, cosmetic/ restorative work, permits, air tray, transportation, cremation, urn, engraving and a flag case.

The Primary Care authorization and the name of the funeral home or national cemetery, if no funeral home services are desired, should be telephoned/faxed/e-mailed to the local DAO or MAO.

In geographic areas where no contract for services exists, the Navy can arrange a one-time contract. The CACO should call the MAO regarding contractual questions.

Interment Expense Allowances

The Statement of Disposition of Military Remains form (DD Form 3045) has several different options available to the PADD. In Options 1 through 4, Primary Care is completed by a government-contracted funeral home. The government contract need not be used for Secondary Care; any funeral home of the PADD's choice can be used. Secondary care expenses include professional services, facilities, staff, church, transportation, gratuities, obituary notices, memorial items, grave plot, cemetery labor, marker, vault/out burial container and columbarium.

Separate from the initial costs described above, additional maximum amounts for interment expenses are payable by the Navy as follows:

Option 1 — Interment in a Private Cemetery

A maximum amount of \$9,000 for interment in a private cemetery is authorized. Reimbursable expenses include:

- Use of a funeral home selected by the PADD for the remains to lie in repose; cost of a single grave space; opening and closing of grave; flowers; contributions to a religious person officiating at service; obituary notices; funeral home rental cars (for family transport) or flower cars and vault.
- Costs for transport of remains are payable in addition to the \$9,000 maximum.

Option 2 — Interment in a Government Cemetery or Burial At Sea

A maximum of \$6,000 is authorized when remains are taken to a funeral home prior to interment in a government cemetery or prior to being shipped to a naval activity or ship for burial at sea. Reimbursable expenses include:

- Use of a funeral home selected by the PADD for remains to lie in repose, obituary notices, flowers and contributions to religious person officiating at services.
- There are no costs to the PADD for opening and closing of grave in a national cemetery or for burial at sea.
- Costs for transport of remains are payable in addition to the \$6,000 maximum.



Metal casket



Wood casket

Option 3 — Direct Consignment to National Cemetery or Ship/Port Activity for Burial at Sea

Up to \$2,500 is authorized when remains are shipped directly from the site where they were initially prepared and casketed to a national or other government cemetery, or to a ship for burial at sea (no funeral home involved). Reimbursable expenses include obituary notices, flowers and contributions to a religious person officiating at services.

Option 4 — Cremation of Remains

When the PADD requests the Navy to make arrangements for cremation of the remains, advise that the wood casket will be used. Cremation may be accomplished prior to or following the funeral service. After cremation, the cremains (the term for cremated remains), will be placed in the urn selected by the PADD and hand carried by military escort to the designated location for the funeral service or interment.

Cremation Note: When cremation is desired at any point/option, the wood casket will be used. Cremation permit/authorization for cremation must be signed by the PADD for presentation to the crematory, prior to the cremation.

If the family selects Option 1 or Option 2 and would like to cremate the remains following the funeral service, the cost of the cremation will be covered by the government under Primary Care expenses. A standard military urn (wood or metal) may be provided to the PADD at no additional cost, or they may select an urn with an allowance of up to \$300, also covered under Primary Care expenses. The inurned cremains may then be returned to the family or interred in the cemetery indicated in the option.



Urns: Available in bronze, oak or walnut with placards and service emblems.

Option 5 — PADD Desires to Make All Arrangements

Should the PADD desire to make all the arrangements, reimbursement for all other expenses associated with the interment of the remains cannot exceed: \$10,500 for Internment/Entombment in a Civilian Cemetery or \$9,000 to Intern in a Government Cemetery, allotted costs subject to change. The total amount of allowance for the casket, preparation and interment of the remains is predicated on the choice of the cemetery indicated on the form. To obtain reimbursement for funeral expenses, the PADD must complete a DD 1375 and submit original receipts to the MAO.

Option 6 — Relinquishing of Rights

The PADD may relinquish his/her rights to another named individual. If this option is selected/signed, the responsible CACO will be required to obtain a new form from the newly named PADD. Service members should designate their PADD on their Record of Emergency Data/ pg 2. The PADD can be anyone the service member designates as long as they are of majority age (at least 18 years old). There is no predetermined area for the PADD

designation on the Record of Emergency Data. The customer service representative editing the Record of Emergency Data must type the information in the comments block of the document.

Sample Forms

STATEMENT OF DISPOSITION OF MILITARY REMAINS <i>(Read Agency Disclosure Notice, Privacy Advisory, and Instructions on Page 2 before completing this form.)</i>		
1. NAME OF DECEASED <i>(Last, First, Middle Initial)</i>	2. SERVICE/GRADE OF DECEASED	3. DCIPS CASE NUMBER
4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER <i>(Include Area Code)</i>
d. CURRENT RESIDENCE ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>		
5. SELECTION OF DISPOSITION OPTIONS		
<p>I, the undersigned Person Authorized to Direct Disposition (PADD), have been provided a MORTUARY BRIEFING and I understand each of the options presented and have selected disposition of remains as indicated below. I understand that the embalming/preparation, restoration, and casketing of remains, under Options 1 - 4, may be provided by a civilian funeral home, under contract with the DoD, or a Mortuary operated by the Department of the Army, Navy, or Air Force.</p>		
OPTION 1 _____ <i>(Initials)</i>	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8, and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6, with subsequent interment/entombment in the CIVILIAN CEMETERY listed in Block 7. I understand the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$9,000. In addition to this maximum reimbursement, the Government will pay all remains transportation expenses.	
OPTION 2 _____ <i>(Initials)</i>	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8, and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6, with subsequent interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7. I understand that the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$6,000. In addition to this maximum reimbursement, the Military will pay all remains transportation expenses.	
OPTION 3 _____ <i>(Initials)</i>	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8, and request transportation to be arranged, with escort, at government expense with direct consignment for interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7. I understand that the reimbursement for expenses incurred at the funeral home, cemetery, for the transportation of remains, and other authorized expenses cannot exceed \$2,500.	
OPTION 4 _____ <i>(Initials)</i>	CREMATION: I understand the utilization of a WOOD CREMATION CASKET should be used when cremation is desired. I understand that the casketed remains will be escorted by MILITARY ESCORT to the receiving FUNERAL HOME, listed in Block 6, in accordance with all applicable statutory provisions. The cremation will take place as a primary expense, funded by the Military at the funeral home or cremation facility contracted by the PADD, and the Military will provide the urn selected in Block 9. This option to be used in conjunction with Option 1 or 2. <i>If cremated remains are retained, the reimbursement will not exceed that of Option 2 above.</i>	
OPTION 5 _____ <i>(Initials)</i>	I desire to MAKE ALL ARRANGEMENTS for the disposition of remains. If the remains are under the control of the DoD, I direct the remains be released to the funeral home listed in Block 6. Reimbursement for expenses associated with the disposition of the remains may not exceed the reimbursement entitlements listed in (A) or (B), as applicable. If the remains are cremated and retained, the reimbursement will not exceed that of (B) below. Additionally, the Government will reimburse all remains transportation expenses. Refer to the instruction page of this form for support provided by the Military Service when choosing this option. <input type="checkbox"/> (A) \$10,500 for interment/entombment in a CIVILIAN CEMETERY listed in Block 7. <input type="checkbox"/> (B) \$9,000 for interment in a GOVERNMENT CEMETERY (Federal/State) listed in Block 7.	
OPTION 6 _____ <i>(Initials)</i>	I HEREBY RELINQUISH MY RIGHTS to all decisions regarding the disposition of the remains and understand that the right to direct disposition of the remains will pass to the next person in hierarchy by marriage, blood relation, or adoption and whose name is listed below. I also certify that I have the legal right to make this authorization and release the DoD, its officers, agents, and employees from any and all liability that may arise from this action. I further authorize the named individual to apply for reimbursement of the authorized reimbursable funeral expenses, up to the allowable limit, incurred in the disposition of these remains. By law, the new PADD to whom the authority to direct disposition passes is <i>(Name/relationship):</i> _____	
6. RECEIVING FUNERAL HOME <i>(Name, Address (Include ZIP Code) and Telephone Number (Include Area Code))</i>		7. CEMETERY <i>(or where final disposition of remains is to be effected) (Name, Address (Include ZIP Code) and Telephone Number (Include Area Code))</i>
8. CASKET SELECTION <i>(Not applicable to Options 4 or 5)</i>		9. URN SELECTION <i>(Applicable to Option 4)</i>
<input type="checkbox"/> 18-GA Steel with Silver Tone Finish <input type="checkbox"/> Solid Hardwood with Walnut Finish		<input type="checkbox"/> Solid Bronze <input type="checkbox"/> Solid Walnut
11.a. TYPED OR PRINTED NAME OF PADD	b. SIGNATURE OF PADD	c. DATE
12.a. TYPED OR PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS	c. DATE

Sample Forms

STATEMENT OF DISPOSITION OF MILITARY REMAINS

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE RETURN THIS FORM TO Navy/Marine Corps Mortuary Affairs; 5720 Integrity Drive, Millington TN 38055.

PRIVACY ADVISORY

With this form the Department of Defense asks you to document your decisions about the remains of your Service Member. This process includes providing your name and contact information as well as your relationship to the service member. This collection is authorized by 10 U.S.C. 1481 through 1488, and this form will be filed in the Defense Casualty Information Processing System (DCIPS) as part of the service members Individual Deceased Personnel File (IDPF).
Completing this form is voluntary. However, without completing the form, your choices regarding your service member may not be documented or complied with.

INSTRUCTIONS

The Statement of Disposition of Remains form is a written declaration from the Person Authorized to Direct Disposition (PADD) as to their intent, wishes, and directions for the Service to ensure the expeditious embalming/preparation, restoration and return of the remains of an active duty member.

This form is to be presented to the PADD when discussing Mortuary Entitlements by the Casualty Assistance Officer, Casualty Assistance Calls Officer or Mortuary Officer during the Mortuary Briefing.

The PADD designated on the DD Form 93, Record of Emergency Data, must elect an option from **Options 1 - 6** by initialing the space under the option number and provide information required in **Blocks 6 - 10**.

There are three purposes of embalming; an explanation of each is listed below. Combined, the intent is to facilitate a family's ability to view their loved one, should the circumstances of death allow.

- (1) Disinfection - destruction or inhibition of pathogenic organisms and their products in or on the body.
- (2) Preservation - the science or treatment of the body chemically to temporarily inhibit decomposition during the interval between death and final disposition by burial, cremation, entombment or other means.
- (3) Restoration - the care given the deceased to recreate natural form and color.

During the embalming/preparation process, the embalmer may utilize some or all of the following techniques: physical disinfection of the remains; arterial and surface embalming; treatment and closure of wounds/incisions; dressing and wrapping of wounds; dermasurgery or physical restorative measures such as artificial reproduction of facial features in

Depending on circumstances, restoring the remains to an acceptable physical appearance may not be possible. The PADD will be advised when the deceased cannot be restored to a viewable condition. There are two classifications of restorative art: minor and major.

Minor restorations include, but are not limited to, correction a misaligned fracture, hypodermic tissue building, reduction of swelling, sub-tissue surgery (mouth or eye), waxing (lips, abrasions, sutures or razor burns), suturing clean cuts, small hair replacements (eyebrow, eyelash, or temporal hair), bleaching and concealing minor discolorations or removal and restoration of fever sores (scabs). Consent from the PADD is granted by signing **Block 11.b** of this form.

Sample Forms

STATEMENT OF DISPOSITION OF MILITARY REMAINS

INSTRUCTIONS (Continued)

Major restorations include, but are not limited to, the restoration of a full head of hair, sub-tissue surgery of a swollen neck, problems with buck-teeth, deep wound preparation (after excision of necrotic, mutilated or diseased tissue), care of deep lacerations, repair (or reconstruction) of multiple fractures, third-degree burns, skin slip, dismemberment of a limb (or head), and complete loss of a part. Technical skill is required to artificially construct a distorted portion of the face or cranium, wax surfacing over a large wound (cheek, forehead, or neck), modeling a facial feature, achieving a natural appearance when masking a completely discolored face (or large post-mortem stain) with opaque cosmetics or matching wax with the complexion. Consent from the PADD is granted by signing **Block 11.b** of this form.

By selecting **Options 1 - 4** and signing **Block 11.b**, the PADD hereby authorizes the Department of Defense, and its personnel to undertake, or direct a funeral home under contract with the Military to undertake the remains preparation process and restorative procedures, deemed necessary in the embalmers professional practice, to provide the greatest opportunity for a viewing, should the family elect to view the deceased.

In all cases where the PADD elects **Option 1 - 4**, the Military will utilize the standards of the DoD Mortuary Performance Work Statement as the minimum standards in the embalming/preparation/restoration of the deceased remains. If the PADD expresses a desire to not have the deceased embalmed/prepared, the Military will honor this request and advise the PADD of the support available for funeral services held under **Option 5**.

When the PADD selects **Option 4** (Cremation): The Department of Defense will honor a PADD's request for cremation by preparing or directing the contract funeral home to prepare the remains in accordance with the statutory provisions of that destination. Additionally, the Department of Defense will provide a Military Specification Urn as selected in **Block 9**. The Department of Defense will reimburse the cost of the cremation above and beyond the maximum reimbursement entitlement.

When the PADD requests to make all the arrangements for disposition, outside the Military, or when he/she requests services or merchandise beyond that which the Military can provide within DoD standards, **Option 5** must be selected. **Option 5** must also be selected if the deceased has already been moved to the PADD's selected funeral home and embalmed/prepared, and the PADD does not wish the Military to engage on his/her behalf, for re-processing of the remains through the installation contract mortuary. The Mortuary Officer should explain the support in providing a uniform, coordinating interment in a governmental cemetery, and military funeral honors, as requested by the PADD. The Mortuary Officer should never require and express there is a requirement for remains inspection under **Option 5**.

When the PADD, designated on the deceased member's DD Form 93, "Record of Emergency Data", does not wish to fulfill the designated responsibilities of a PADD and therefore requests to relinquish the right to make any decisions regarding the disposition of the remains of the deceased whose information is listed in **Blocks 1 - 3**, the PADD must select **Option 6**. The PADD will pass to the next person in hierarchy by marriage, blood relation or adoption (i.e., spouse, child, parent, brother or sister, etc.) according to Law. The person recognized to fulfill the PADD responsibilities will complete a new Statement of Disposition of Remains. Both forms must be included in the deceased Mortuary Case File

Questions regarding this form may be directed to Service Casualty or Mortuary Affairs Office.

Navy/Marine Corps Mortuary Affairs
5720 Integrity Drive
Millington TN 38055

A Navy Mortician is available 24 hours a day.

Questions regarding this form may be directed to Navy Mortuary Affairs at 1-866-787-0081 or 901-619-8157.

Funeral Travel (see MILPERSMAN 1770-270 for details)

The Navy will provide funds toward a funeral as indicated in the Statement of Disposition of Remains form. For those who are entitled, the Navy will also fund their travel.

A memorial service may be held in lieu of a funeral when remains are not recovered. For this memorial service, travel is also funded by the Navy. If no remains are recovered and the family opts for a memorial service, the CACO will put “Memorial Service” and location of the service under Option 2, and the family will be allowed \$6,000 for expenses.

Note that this type of memorial service (remains not recovered) is different from a command-sponsored memorial service (covered in the next section).

Expenses for travel to and from the funeral or memorial service are paid by the government. Qualified travelers are:

- The deceased member’s surviving spouse (including a remarried surviving spouse).
- The deceased member’s children (including stepchildren, adopted children and illegitimate children) regardless of age.
- The deceased member’s parent or parents (as defined).
- The deceased member’s siblings (including half and adopted siblings).
- Parents of the surviving spouse.
- The PADD.
- An attendant who accompanies an eligible relative to the burial ceremony if PERS-00C determines:
 1. The accompanied eligible relative is unable to travel unattended because of age, physical condition or other justifiable reasons; and
 2. There is no other eligible relative traveling to the burial ceremony that is qualified to serve as an attendant.
- If no relative identified above is provided allowances for travel and transportation, expenses may be provided for:
 1. PADD; and
 2. Up to two additional persons closely related to the deceased that are selected by the PADD. CACOs must ascertain the eligible traveler’s intention to travel to the burial ceremony.

Travel by Privately Owned Conveyance (POC) or Personally Procured Commercial Travel: If the traveler desires to travel via POC or procures their own commercial airfare, the CACO will assist the traveler in completing DD Form 1351-2 (Travel Voucher or Sub-voucher) and submit the form with receipts to PERS-00C for liquidation. Reimbursement will be at the government rate.

Travel via Government Provided Commercial Air: If the traveler desires to travel via government provided commercial air, the CACO will do the following:

- Complete and submit OPNAV 1770/2, Next of Kin Travel Request.
- Notify PERS-00C of traveler’s desires. PERS-00C will make reservations for traveler.
- Coordinate with commands and other CACOs to assist family members and eligible funeral travelers with transportation to and from airports.
- Upon traveler’s return, assist with completing DD Form 1351-2 and submit the form with receipts to the Regional CAC for review who will then submit to PERS-00C for liquidation.

Memorial Services Travel (see MILPERSMAN 1770-271 for details)

The Navy will provide round-trip travel and transportation allowances to eligible family members to attend one memorial service of any Sailor who dies while on active duty. This entitlement is only for a command memorial service at a location other than the burial location. The deceased Sailor's command or designated Navy representative will coordinate with the PNOK to invite eligible family members to attend the memorial service.

- Complete and submit OPNAV 1770/2, Next of Kin Travel Request

Eligible Travelers:

An eligible relative is authorized travel and transportation allowances for one round-trip to the installation or unit memorial service. This round-trip is in addition to the burial ceremony. Authorized travelers include:

- The surviving spouse (including a surviving spouse who has remarried since the service member's death)
- Child or children of the deceased member (including stepchildren, adopted children and illegitimate children)
- Parents as indicated below:
 - A natural parent
 - A stepparent
 - A parent by adoption
 - A parent, stepparent or adopted parent of the current surviving spouse
 - Any other person, including a former stepparent, who has stood in loco parentis to the member at any time for a continuous period of at least five years before the member became 21 years of age
- Siblings of the deceased member (including half and adopted siblings)
- PADD
- Attendants. The Navy will provide round-trip travel and transportation allowances to an attendant who accompanies an eligible relative to the memorial service if the PERS-00C determines that:
 - The accompanied eligible relative is unable to travel unattended because of age, physical condition or other justifiable reasons; and
 - There is no other eligible relative of the deceased Sailor traveling to the memorial service and qualified to serve as an attendant

Authorized Expenses:

Travel and transportation allowances are limited to travel to and from the memorial service location plus two days of per diem at the memorial service location.

- Travel by POC or personally procured commercial travel: If the traveler desires to travel via privately owned vehicle (POV) or pays for his/her commercial air fare, the traveler will need to complete DD 1351-2 (3-08), Travel Voucher or Sub-voucher, and submit the form with receipts to Regional CAC for review who will then submit to PERS-00C for liquidation.
- Travel via government-provided commercial air: If the traveler desires to travel via government-provided commercial air, PERS-00C will make reservations for the traveler.

Election for Air Transportation of Remains From A Theater Of Combat Operations

- All service members who die in a combat theater of operation are brought to the mortuary facility at Dover Air Force Base, Delaware, for identification and final preparation.
- The PADD provides written instructions to the Navy indicating final disposition of his/her loved one to include funeral home and/or cemetery selections.
- If the return of his/her loved one to final destination requires transportation by air, legislation requires that the armed services provide a dedicated military aircraft or military contracted aircraft, unless directed otherwise by the PADD, to the destination selected by the PADD.
- The aircraft will depart from Dover Air Force Base and arrive at a selected airport servicing the location chosen by the PADD for funeral services.
- CJMAB Form 4, The Election of Air Transportation of Remains from a Theater of Combat Operations, documents the PADD's acknowledgement or request for exception. The default option is the use of military or military contracted aircraft, with provision for an exception if the PADD explicitly directs the use of a scheduled commercial airline.
- The PADD should be fully informed of the transportation schedule to include date, time and location of arrival of remains.
- Upon completion of the CJMAB Form 4, the CACO should fax a copy to the MAO.

Social Security Burial Allowance

A maximum lump-sum benefit of \$255 is payable when a member has sufficient quarters of coverage to be eligible for Social Security benefits. Application should be made directly to the local office of the Social Security Administration within two years after date of the member's death. The benefit is payable in the following order of precedence:

- To a widow(er) who was living in the same household as the deceased at the time of death. Temporary absence or separation because of marital difficulties precludes payment unless the spouse was eligible for or entitled to monthly benefits; if none,
- To the member's (minor age) children in equal shares.

Plane-side Honors

To the maximum extent possible, small honor guards will render appropriate honors plane-side at the arrival airports for all fallen active-duty service members.

Military Funerals

If requested by the family, honors details may be used at the interment service for cremated remains as well as for a casketed burial service.

- Active Duty Full Honors Composition (if desired by NOK): consists of an Officer-in-Charge (OIC) or a Petty Officer-in-Charge (POIC), six casket bearers, a seven person firing party with a firing party head and a bugler. A Navy representative of equal or senior in grade/rating to the deceased (when resources allow) will present the flag to the next of kin (NOK). A Chaplain shall also be provided when requested by the (NOK), if available.
- The CACO should notify the CAC/FHS Region office of the PNOK's desire for a funeral honors detail. The CACO may be requested to arrange the utilization of members of his or her command (eg. In the event of an active duty death, the deceased Sailor's command is encouraged to provide detail members to participate in the ceremony.
- The CACO should inform the family that funeral honors will be provided.

Additional Counseling and Assistance

- Other CACOs -- Keep any other CACOs assigned to other family members informed of funeral plans.
- Timing of Funeral—Advise the NOK not to schedule a firm funeral date until the remains arrive at the receiving funeral home.
- American Red Cross—Advise the NOK to contact the American Red Cross to inform other relatives in the armed forces of funeral plans.
- Obituary Notice—Help as needed with obituary notice.
- Coordinate Decedent Affairs Activities—Arrange for flags, contact escort and funeral director.
- National Cemeteries—Show the PADD a list of national cemeteries if one is desired.
- Member’s Command—Contact the deceased member’s command to inform the commanding officer of the time and location of funeral.
- Funeral Attendance—Attend the funeral if it takes place in the area. Arrange the flag presentation.
- Benefits Package (Forms)—PERS-00C will send a packet of benefits claim forms to the CACO within 10 working days after the casualty.

Partial Remains Recovered

- In the event that only partial remains are recovered, the PADD must complete CJMAB “Form 1, Disposition of Remains Election Statement, Initial Notification of Identified Partial Remains.”
- If remains are recovered at a later date and identified to belong to the deceased the PADD will have to complete CJMAO Form 3, Notification of Subsequent Identified Partial Remains.

Retained Remains

- In the event that partial remains are retained, the PADD must complete CJMAB “Form 8, “Disposition of Organs Retained for Extended Examination”

Funeral Expense Claims

- Claims for reimbursement for funeral expenses should be prepared with the assistance of the CACO on DD 1375, Request for Payment of Funeral and/ or Interment Expenses. An itemized funeral invoice must accompany all claim forms. If the Navy's allowance is to be paid directly to the funeral home or other person, the PADD must include such information in Section 17 of the DD-1375.
- The Navy escort accompanying the remains is required to deliver the DD-1375. He or she will also deliver personal items such as jewelry and medals.
- Claims should be sent to the MAO.
- Claims for memorial service (remains not recovered) expenses have a maximum of \$6,000. The DD-1375 should be sent directly to the MAO.

Sample Forms

REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES		Form Approved OMB No. 0704-0030 Expires May 31, 2006
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (3704-0030), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.		
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.		
PRIVACY ACT STATEMENT		
AUTHORITY: 10 USC Sections 1481 through 1488; EO 9397. PRINCIPAL PURPOSE: To record amount of funeral and/or interment expenses incurred by next of kin. ROUTINE USES: None. DISCLOSURE: Disclosure of requested information is voluntary; however, if not furnished, claim cannot be paid.		
PART I - TO BE COMPLETED BY MILITARY AUTHORITIES		
1. MILITARY ACTIVITY PREPARING THIS FORM		2. MILITARY ACTIVITY FORM IS TO BE MAILED TO FOR PAYMENT
a. NAME NOSC ANYTOWN PA		a. NAME
b. ADDRESS (Street, City, State and ZIP Code) 123 Liverpool Lane, Anytown PA 12345-2356		b. ADDRESS (Street, City, State and ZIP Code)
3. NAME OF DECEDED (Last, First, Middle Initial) Sailor, Leroy Q.	4. PAY GRADE/RANK O3	5. SERVICE NUMBER/SSN 123-45-6789
6. PLACE OF DEATH (City, State, Country) Anytown, VA, USA	7. DATE OF DEATH (YYYYMMDD) 20150210	
8. NAME OF CLAIMANT (Last, First, Middle Initial) Sailor, John, Q	9. RELATIONSHIP Father	
10. FUNERAL HOME AND/OR NATIONAL CEMETERY		
a. NAME Smith Funeral Home		b. ADDRESS (Street, City, State and ZIP Code) 453 Funeral Home Lane, Any Town, PA 23456-1250
11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH		
<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (Enter name of contracting activity) Family Funeral Home, Anytown VA 12458-8221		
PART II - TO BE COMPLETED BY CLAIMANT (Proper completion will expedite settlement.)		
a. Complete Items 12 and 13. b. Complete either Item 14, 15, or 16. (Do not complete more than one.) c. Complete Item 17, when cost of shipment of remains is claimed in Item 15 or as Item 16. d. Attach copies of bills for all amounts claimed. e. Mail completed form to addressee shown in Item 2.		
12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION		13. DATE OF INTERMENT (YYYYMMDD)
a. NAME All Saints Cemetery	b. ADDRESS (Street, City, State and ZIP Code) 5464 Cemetery Lane, Anytown PA 12458-8598	20150215
14. INTERMENT COSTS (To be completed when claimant arranged for interment only.) Enter total amount paid or incurred for one or more of the following: Cost of single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service.		AMOUNT CLAIMED \$
15. FUNERAL ARRANGEMENT COSTS (To be completed when claimant made all arrangements.) Enter total amount paid or incurred for one or more of the following: Casket, preservation (embalming) and related services, cremation and urn, clothing for deceased, cost for interment (single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service), and shipment of remains (removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery).		AMOUNT CLAIMED \$
16. SHIPPING COSTS OF REMAINS (To be completed when claimant paid or incurred cost for shipment of remains.) Enter total amount paid or incurred for one or more of the following: Removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery.		AMOUNT CLAIMED \$
17. SHIPMENT OF REMAINS (Complete when shipping costs claimed.)		
a. SHIPPED FROM (City and State) Anytown VA	b. SHIPPED TO (City and State) Anytown PA	c. MODE OF SHIPMENT (X one) <input checked="" type="checkbox"/> AIR <input type="checkbox"/> HEARSE
18. STATEMENT OF CLAIMANT: I have paid or incurred expenses in the amounts entered in Items 14, 15, and/or 16. I desire that the amount allowable by the Government be paid to:		
a. NAME OF PAYEE (Print or type) Smith Funeral Home		b. TAXPAYER ID NUMBER OR SSN 125481561
c. ADDRESS OF PAYEE (Street, City, State and ZIP Code) 453 Funeral Home Lane, Any Town, PA 23456-1250		d. SIGNATURE OF CLAIMANT
		e. DATE SIGNED 2015-02-11

DD FORM 1375, OCT 2003

PREVIOUS EDITION IS OBSOLETE.

Request for Payment of Funeral and/or Interment Expenses (DD Form 1375)

Forms for the Funeral Arrangements Visit

- Death Gratuity Check (if not already delivered) and Form DD-397
- Disposition of Remains Form
- If not all remains are recovered — Disposition of Remains Election Statement — Initial Notification of Identified Partial Remains (CJMAB 1)
- Partial Remains found/identified — Disposition of Remains Election Statement — Notification of Subsequently Identified Partial Remains (CJMAB 3)
- In Theater of Combat Operations only — Election for Air Transportation of Remains from a Theater of Combat Operations (CJMAB 4)
- Request for Payment of Funeral and/or Interment Expenses (DD-1375)
- Primary/Secondary Next of Kin Information Form (OPNAV 1770/3, if not completed on first visit)
- Consent for the Release of Personal Information (OPNAV 1770/1, if not completed on first visit)
- Next of Kin Travel Request (OPNAV 1770/2) – If NOK travel is required for the funeral or command memorial
- Casualty Assistance Calls Program (NAVPERS Form 1770/7)

Forms and Information for the Funeral Arrangements Visit available at the CACO resource webpage (<http://www.cnic.navy.mil/caco>)

Form Name	Form Number
Application for Standard Government Headstone or Marker for Installation in a Private Cemetery or State Veteran's Cemetery	VA 40-1330
Burial at Sea Request Form	
Disposition of Remains Election Statement Notification of Subsequently Identified	CJMAB Form 3
Disposition of Remains Election Statement/ Initial Notification of Identified Partial	CJMAB Form 1
Election for Air Transportation of Remains from a Theater of Combat Operation	CJAMB Form 4
Disposition of Organs Retained for Extended Examination	CJMAB Form 8
Funeral Travel	MILPERSMAN 1770-270
Memorial Service Travel	MILPERSMAN 1770-271
Next of Kin Travel Request	OPNAV 1770/2
Hardwood Flag Case Request Form	
Instructions for DD1375	
Request For Payment of Funeral and/or Interment Expenses	DD 1375
Statement of Disposition of Military Remains	DD 3045
Travel Voucher or Subvoucher	DD1351-2

Case Contact Information for Funeral Arrangements Visit

Contact Type	Contact Information (Name, Phone, Fax, Email, etc.)
Navy Mortuary Affairs Office	Toll Free: (866) 787-0081 After Hours Cell: (901) 619-8157 Navy Mortician on duty 24 hours a day
Funeral Home	
Airline for Travel to Funeral	

Sample Forms

DISPOSITION OF REMAINS ELECTION STATEMENT INITIAL NOTIFICATION OF IDENTIFIED PARTIAL REMAINS

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: Title 10 USC, Sections 1481 through 1488.
Principal Purpose: To record disposition of remains desired by the person authorized to direct disposition of remains (PADD).
Routine Uses: By Departments of the Army, Navy and Air Force to document and authorize actions necessary to return the remains.
Disclosure: Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded and accommodated

1. NAME OF DECEASED (Last, First, Middle Initial) <u>SAILOR LEROY Q</u>	2. SERVICE / RANK OF DECEASED <u>USN / ES</u>	3. SSN OF DECEASED <u>123456789</u>
4. TYPED OR PRINTED NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <u>JOHN Q SAILOR</u>		5. RELATIONSHIP TO DECEASED <u>FATHER</u>

I, the undersigned, understand that every effort is being made for the full recovery of remains, but only partial remains have been recovered and identified at this time. I am aware that additional subsequent remains may be recovered at a later date and individually identified or designated for inclusion with a group. I elect the following options from the applicable sections below. **NOTE: Always complete sections I & II; additionally complete section III for a multiple casualty incident.**

Section I: Election for Currently Recovered Remains

Option 1 <u>JS</u> <small>Initials</small>	I would like to receive the incomplete remains that have been identified at this time.
Option 2 _____ <small>Initials</small>	I would like to have the incomplete remains temporarily held until other substantial remains believed to be from the deceased are identified. I understand that this process can take up to a week or more.

Section II: Election In the Event of Future Individual Identification

Option 1 <u>JS</u> <small>Initials</small>	In the event that further remains are individually identified, I would like to be notified and given the choice of accepting subsequent portions for disposition.
Option 2 _____ <small>Initials</small>	In the event that further remains are individually identified, I DO NOT want to be notified. I authorize the Army, Marine Corps, Navy, Air Force or Coast Guard to make appropriate disposition.

Section III: Election In the Event of Future Group Designation (Multiple Casualty Incident)

Option 1 <u>JS</u> <small>Initials</small>	In the event that further remains are designated for inclusion with a group, I would like to be notified and provided information on any planned ceremony in honor of deceased Service members in the group.
Option 2 _____ <small>Initials</small>	In the event that further remains are designated for inclusion with a group, I DO NOT want to be notified.

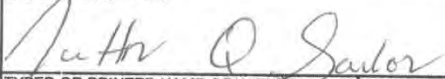

Authorization of PADD and Witness

SIGNATURE OF PADD <u>John Q Sailor</u>	DATE <u>10 FEB 2015</u>
TYPED OR PRINTED NAME OF WITNESS (Last, First, MI, Rank/Grade, Title) <u>AMY CACO D2 LT</u>	
SIGNATURE OF WITNESS <u>Amy Caco</u>	DATE <u>10 FEB 2015</u>

CJMAB Form 1 (Apr 2009) Previous editions are obsolete.

Disposition of Remains Election Statement/ Initial Notification of Identified Partial Remains (CJMAB Form 1)

Sample Forms

DISPOSITION OF REMAINS ELECTION STATEMENT NOTIFICATION OF SUBSEQUENTLY IDENTIFIED PARTIAL REMAINS		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<small>Authority: Title 10 USC, Sections 1481 through 1488</small> <small>Principal Purpose: To record disposition of remains as directed by the Person Authorized to Direct Disposition of the remains (PADD).</small> <small>Routine Uses: By Departments of the Army, Navy, and Air Force to document and authorize actions necessary to return the remains.</small> <small>Disclosure: Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded or accommodated.</small>		
NAME OF DECEASED (Last, First, Middle Initial)	SERVICE / RANK OF DECEASED	SSN OF DECEASED
SAILOR LEROY Q	USN/GM2	123456789
TYPED OR PRINTED NAME OF PADD		RELATIONSHIP TO DECEASED
JOHN Q SAILOR		FATHER
I, the undersigned, understand that partial additional remains have been recovered and individually identified for the decedent listed above. I hereby direct and authorize that the additional remains be: (select one option below)		
Option 1	Transferred for interment in a suitable burial container above the original casket to: Funeral Home Name and Address _____ _____ Initial _____	
Option 2	Transferred to the funeral home below for subsequent cremation at Government expense, arranged by the person with legal authority at the final destination: Urn Choice: Metal _____ Wood <input checked="" type="checkbox"/> _____ Funeral Home Name and Address: SMITH FUNERAL HOME 123 FEDERAL HOME LANE ANYTOWN PA 12345-4562 Initial: JQS	
Option 3	Cremated, placed in a Metal _____ or Wood _____ urn and delivered to: Name and Address _____ Initial _____	
Option 4	Retained at the Servicing Mortuary for appropriate disposition by the parent Service. Initial _____	
Option 5	Retained by the Armed Forces Medical Examiner System for teaching and research purposes with final disposition as a medical specimen. Initial _____	
In the event that further subsequent remains are identified beyond today (select Notify or Do Not Notify):		
NOTIFY	You may select one or both <input checked="" type="checkbox"/> I would like to be notified and given the choice of accepting individual portions for disposition. _____ I would like to be notified in the event that further remains are classified as part of a group, so that I can be provided information on any planned ceremony in honor of Service members in the group.	
DO NOT NOTIFY	_____ I DO NOT want to be notified. I authorize the parent Service to make appropriate disposition.	
AUTHORIZATION OF PADD AND WITNESS		
SIGNATURE OF PADD		DATE
		18 FEB 2015
TYPED OR PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS	DATE
AMY CACO		18 FEB 2015

CJMAB Form 3 (October 2009) Previous editions are obsolete.

Sample Forms

CJMAB Form 4 GUIDE

Points listed below are provided to aid Casualty Assistance Officers or Mortuary Affairs Officers in explaining to the person authorized to direct disposition (PADD) the air transport options for remains of Service members who die in a combat theater of operations.

- All remains of Service members who die in a combat theater of operations are brought to the mortuary facility at Dover Air Force Base, Delaware, for identification and final preparation.
- The person authorized to direct disposition (PADD) provides written instructions to the Military Service indicating where he/she wants the remains returned.
- If the transportation of remains requires transportation by air, legislation requires that the Armed Services provide military aircraft or military contracted aircraft, unless otherwise directed by the PADD, to the destination selected by the PADD.
- The aircraft will depart from Dover Air Force Base, Delaware and arrive at the nearest useable military or civilian airport servicing the location selected by the PADD for funeral services.
- Military air or military contracted air is not as robust as scheduled aircraft through the commercial airline industry, but may fly to non-commercial airports that are more direct and closer to the final destination. Commercial flights are generally more available but are limited to commercial airports which may not be closest to the final destination.
- CJMAB Form 4 has been developed to document the PADD's air transport decision. The form has two options and a General Waiver.
 - Option 1 directs military airlift support to the airport nearest to the funeral home, or interment site selected by the PADD, as can be accomplished by the Services.
 - Option 2 allows for the transportation of remains by Commercial airlines however, flights are limited to commercial airports which may not be the closest location to the receiving funeral home.
 - A notes section is provided to record any known comments or wishes of the PADD; especially if there is a specific military or commercial airfield that the PADD would prefer as a first option.
 - General waiver allows the appropriate Service to select the method of transportation which will return the Service member in the most expeditious manner.
- The PADD will be kept fully informed of the transportation schedule to include date, time and location of arrival of remains.


Sample Forms


ELECTION FOR AIR TRANSPORTATION OF REMAINS FROM A THEATER OF COMBAT OPERATIONS

DATA REQUIRED BY THE PRIVACY ACT OF 1974


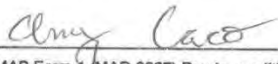
Authority: Title 10 USC, Sections 1481 through 1488 Principal Purpose: To record air transportation of remains desired by the person authorized to direct disposition of remains (PADD). Routine Uses: By Departments of the Army, Navy and Air Force to document and authorize actions necessary to return the remains. Disclosure: Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded and accommodated.		
NAME OF DECEASED (Last, First, Middle Initial)	SERVICE / RANK OF DECEASED	SSN OF DECEASED
SAILOR LEROY Q	USN / GM2	123456789
TYPED OR PRINTED NAME OF PADD		RELATIONSHIP TO DECEASED
JOHN Q SAILOR		FATHER
COMPLETE ADDRESS OF PADD		PHONE NUMBER(S)
123 MAIN ST ANY TOWN PA 12345-6789		4144-624-3827

As the Person Authorized to Direct Disposition (PADD) of remains, I acknowledge the air transportation options available to me, and my choice is reflected below.

Option 1	I direct that the remains be transported by military / military contracted aircraft to an airport or military base appropriate to the receiving funeral home or interment site.
 <small>Initials</small>	
Option 2	I direct that the remains be transported by commercial aircraft to an airport appropriate to the receiving funeral home or interment site.
<hr style="width: 50px; margin-left: 0;"/> <small>Initials</small>	
NOTES:	

GENERAL WAIVER	In the unlikely event that the choice of air transportation selected above is delayed due to circumstances beyond the military Services' control, I authorize the military Service to arrange other transportation, if required, to ensure the timely arrival of my loved one's remains.
 <small>Initials</small>	

Authorization of PADD and Witness

SIGNATURE OF PADD	DATE
	10 FEB 2015
TYPED OR PRINTED NAME OF WITNESS	
ANY CACO	
SIGNATURE OF WITNESS	DATE
	10 FEB 2015

CJMAB Form 4 (MAR 2007) Previous editions are obsolete.

Sample Forms

DISPOSITION OF ORGANS RETAINED FOR EXTENDED EXAMINATION DATA REQUIRED BY THE PRIVACY ACT OF 1974		
1. NAME OF DECEASED <i>LEROY Q. SAILOR</i>	2. RANK OF DECEASED <i>E-5</i>	3. LAST FOUR OF SSN <i>XXX-XX-6789</i>
4. TYPED/PRINTED NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>JOHN Q SAILOR</i>		5. RELATIONSHIP <i>FATHER</i>
<p>6.</p> <p>I, the undersigned, understand that the <u>HEART</u> has/have been retained <small>(Specify organs retained)</small></p> <p>by the Armed Forces Medical Examiner System for the purpose of extended examination to determine the cause and manner of death. This extended examination may take up to six months.</p> <p>Armed Forces Medical Examiner System understands that the retention of organs can be a troubling and confusing issue. Please contact us at (301) 319-0000 at any time, day or night, if you have any questions regarding this extended examination or this form. After the examination is complete, you will receive a follow-up letter from the Armed Forces Medical Examiner System confirming your selection of disposition of the retained organ(s).</p> <p>Upon completion of the extended examination, I elect the following option by placing my initials next to the option of my choice:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Do not notify me. I authorize the Armed Forces Medical Examiner System to make proper disposition. <small>Initials</small> </p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> Notify me when examination is complete and give me the opportunity to decide the disposition of the above-mentioned retained organ(s). <small><i>AOS</i> Initials</small> </p> <p style="text-align: center;">CONTACT TELEPHONE: 301-319-0000 - ARMED FORCES MEDICAL EXAMINER Main Office 24 hours a day, 7 days a week</p>		
AUTHORIZATION OF PADD AND WITNESS SIGNATURE		
7. TYPED OR PRINTED NAME OF PADD <i>JOHN Q SAILOR</i>	8. SIGNATURE OF PADD <i>John Q Sailor</i>	9. DATE <i>10 FEB 2015</i>
10. TYPED OR PRINTED NAME OF WITNESS <i>ANY CACO</i>	11. SIGNATURE OF WITNESS <i>Any Caco</i>	12. DATE <i>10 FEB 2015</i>

CJMAB Form 8 – MAR 11

Disposition of Organs Retained for Extended Examination (CJMAB Form 8)

Sample Forms

HARDWOOD FLAG CASE REQUEST FORM



(Flag Cases arrives with blank nameplate, engraving not provided)

Name of Deceased: Leroy Q. Sailor
Rank/Rate: GM2 Date of Death: 20150210
Type of Flag Case: *US Navy* *US Marine Corps*

It is **HIGHLY SUGGESTED** that the requested flag case(s) be delivered to the CACO for acceptance, inspection and preparation for delivery to beneficiary.

Requesting CACO Signature: _____

Requesting CACO Contact Information: Adam Caco Phone: 7578598585

Number of total flags requested 1 2 3 4 5 6 OTHER: _____

Eligible Beneficiaries:

Check all that apply: Spouse Legal Children # 1 PADD (if different from others)

Parents- *Living Together* or *Living Separately* Other: _____
(Circle one)

ELIGIBLE FLAG CASE RECIPIENTS: (Please identify each recipient and their relationship to deceased)

Name: Leroy Sailor JR. Relationship: Son

Name: John Q. Sailor Relationship: Father/PADD

Name: Keri L. Sailor Relationship: Mother

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If all requested Flag Cases are to be delivered to same address i.e. CACO, Please provide that UPS Deliverable Address below. If any recipient (s) will receive flag case(s) at an address different from the one provided below, please attached HARDWOOD FLAG CASE REQUEST ADDRESS ADDENDUM FORM

Forward Flag Case to: Adam CACO

123 CACO DRIVE

(Address for UPS Delivery)

Anytown PA 12356-8532

FAX TO NAVY-MARINE CORPS MORTUARY AFFAIRS ATTN: FLAG CASE REQUEST 1-901-874-2003

LAST RESORT MAIL TO:

DEPARTMENT OF THE NAVY- OFFICIAL BUSINESS
OPNAV N135C MORTUARY AFFAIRS
5720 INTEGRITY DRIVE
MILLINGTON, TN 38055-6200
BLDG 457 / RM 097

Sample Forms

HARDWOOD FLAG CASE REQUEST ADDRESS ADDENDUM FORM

As of 19 March 2010

Name of Deceased: _____

Rank/Rate: _____ Date of Death: _____

ELIGIBLE FLAG CASE RECIPIENTS: (Please identify each recipient and their relationship to deceased)

Name: _____ Relationship: _____

Forward Flag Case to: _____

(Name)

(Address for UPS Delivery)

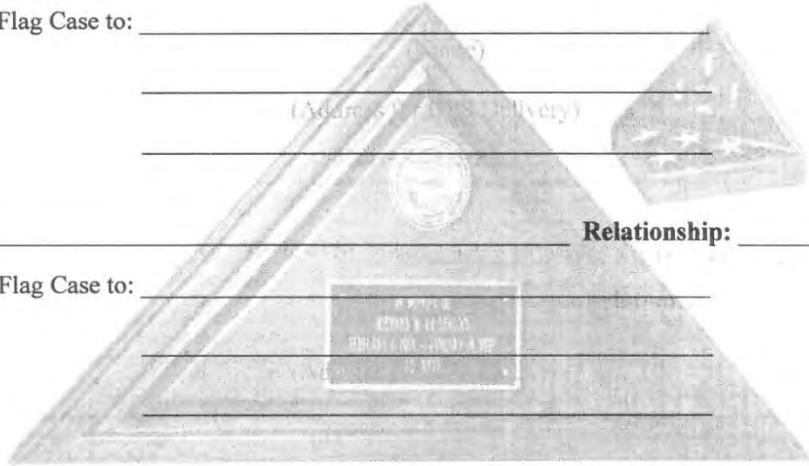
Name: _____ Relationship: _____

Forward Flag Case to: _____

(Address for UPS Delivery)

Name: _____ Relationship: _____

Forward Flag Case to: _____



Name: _____ Relationship: _____

Forward Flag Case to: _____

(Name)

(Address for UPS Delivery)

Name: _____ Relationship: _____

Forward Flag Case to: _____

(Name)

(Address for UPS Delivery)

FAX TO NAVY-MARINE CORPS MORTUARY AFFAIRS ATTN: FLAG CASE REQUEST 1-901-874-2003

The Stages of Grief

Are There Stages of Grief?

In 1969, based on her years of working with terminal cancer patients, psychiatrist Elisabeth Kübler-Ross introduced what became known as the “five stages of grief.” While these stages represented the feelings of people who were themselves facing death, many people now apply them to experiencing other negative life changes (a break-up, loss of a job) and experiencing the death of loved ones.

Kübler-Ross proposed these stages of grief:

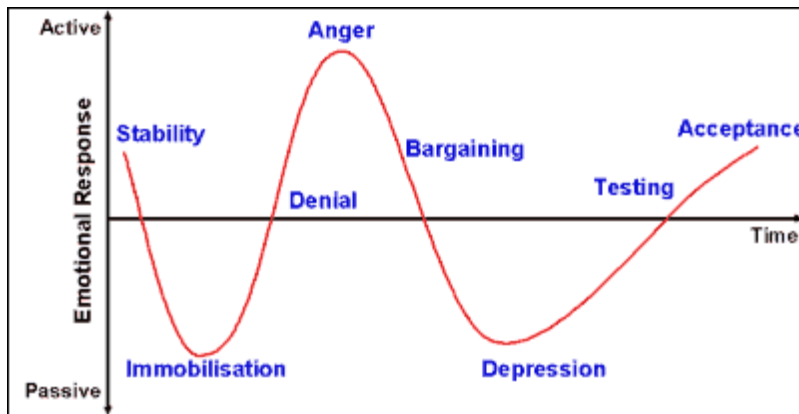
- Denial: “This can’t be happening to me.”
- Anger: “Why is this happening? Who is to blame?”
- Bargaining: “Make this not happen, and in return I will _____.”
- Depression: “I’m too sad to do anything.”
- Acceptance: “I’m at peace with what is going to happen/has happened.”

However, Kübler-Ross herself never intended for these stages to be a rigid framework that applies to everyone who mourns. In her last book before her death in 2004, she said of the five stages, “They were never meant to help tuck messy emotions into neat packages. They are responses to loss that many people have, but there is not a typical response to loss, as there is no typical loss. Our grieving is as individual as our lives.”

There is no timetable for grieving. While the sense of loss and the intermittent sadness may never go away completely, people experience the cycle of grief differently. Some find that within a few weeks or months the period between waves of distress lengthens, and they are able to feel peace, renewed hope, and enjoy life more and more. Others may face years of being hit with what feels like relentless waves of grief.

The Grief Cycle

The Grief Cycle can be shown as in the chart below, indicating the roller-coaster ride of activity and passivity as the person wriggles and turns in his/her desperate efforts to avoid the change.



The initial state before the cycle is stable, at least in terms of the subsequent reactions on hearing the bad news. This is a stable state compared with the significant fluctuations that can be expected after news of the loss:

- Shock stage: Initial paralysis at hearing the bad news.
- Denial stage: Trying to avoid the inevitable.
- Anger stage: Frustrated outpouring of bottled-up emotion.
- Bargaining stage: Seeking in vain for a way out.
- Depression stage: Final realization of the inevitable.
- Testing stage: Seeking realistic solutions.
- Acceptance stage: Finally finding the way forward.

How Trauma Affects the Grieving Process

Grief tends to be mixed with trauma when a loss is sudden and unexpected — a fatal heart attack, an accident, a murder — or when it is perceived as being outside the normal cycle of life, as in the death of a child. For example, someone who nurses a spouse through a long illness will grieve when the spouse is gone, but the person who witnesses the sudden death of a spouse in a car crash will likely be traumatized as well. A sudden loss can be even more difficult to deal with if you don't have a socially recognized outlet for mourning, as may be the case with a miscarriage or stillbirth.

While trauma always incorporates grief, the two states are very different in how they are experienced and the effect they can have. Grief is a normal reaction to loss, with its symptoms diminishing over time. On the other hand, trauma is a disabling reaction that can block the grieving process, disrupt life and leave a person psychologically vulnerable. Those coping with a traumatic loss may want to think about turning to a counselor or other professional for help.

Grief vs. Trauma	
The Effects of Grief	The Effects of Trauma
Sadness is the dominant emotion.	Terror is the dominant emotion.
Grief feels real.	Trauma feels unreal.
Talking about grief can help.	Talking about trauma is difficult or impossible.
Pain is related to the loss.	Pain involves not just loss but terror, helplessness and fear of danger.
Anger is nonviolent.	Anger often involves violence toward self or others.
Guilt involves unfinished emotional business with the deceased.	Guilt includes self-blame for what happened or thoughts that it should have been you who was harmed.
Your self-image and confidence generally remain intact.	Your self-image and confidence are distorted and undermined.
You dream about the person you lost.	You dream about yourself in danger.
Symptoms lessen naturally over time.	Untreated, symptoms may get worse.

Risk Factors for Complicated Bereavement

Below is a list of potential risk factors for complicated bereavement. The importance of these risk factors varies in terms of time since the casualty. The table provides areas of concern that are cross-tabbed with specific timeframes. It can be used as a guide for CACOs to know when to notify the Regional CACO program of problems and seek additional assistance for the NOK.

Legend:

* - Expected

1 - Actions may be within “normal” ranges. Continue to observe and update Regional CACO Coordinator.

2 - Consult with the Regional CACO Coordinator, Gold Star, Fleet and Family Support Center (FFSC) staff, or Chaplain.

3 - Situation warrants immediate consultation with Regional CACO Coordinator, Gold Star, FFSC staff or Chaplain. Monitor closely.

Risk Factor	At Funeral Time	1 Month	3 Months
Sleep Problems: Survivor complains of sleep difficulties (too much or too little).	1	3	3
Concentration Problems: Survivor describes a lack of concentration and/or attention problems.	1	3	3
Illness: Survivor experiences a medical problem and/or needs medical attention.	2	3	3
Anxiety and Panic Attacks: Survivor reports having bouts of intense anxiety and or/panic.	1	3	3
Weight Changes: Survivor reports significant weight gain or loss.	1	3	3
Fatigue or Lethargy: Survivor reports low energy levels and tiredness.	1	3	3
Substance Abuse: Family comments or your own observations suggest abuse of alcohol, prescription or over-the-counter drugs or street drugs.	1	3	3
Shock and Disbelief: Survivor continues to deny the death has occurred and acts as if the deceased is alive.	*	2	3
Intense Emotions: Survivor has feelings of intense sorrow and yearning for the deceased.	*	2	3
Inability to Stop Thinking About the Deceased: Survivor incessantly thinks about the deceased.	*	2	3
Acceptance of the Death: Survivor has difficulty accepting the death. May feel a mistake has been made.	*	2	3
Suicide: Survivors express desire to hurt themselves, either explicitly stated or implied.	Seek Assistance Now!		
Grief and Distress: These feelings appear unimproved or increasing since the funeral.	1	3	3
Depressed Feelings: Survivors report they feel very depressed or are feeling hopeless about the future.	1	3	3
Searching for the Deceased: Survivor may actively look for the deceased, and/or report “seeing” the deceased.	1	2	3
Other Recent Deaths: Survivor has experienced other significant deaths in the past 12 months.	3	3	3
Feelings of Loss of Security, Trust, Control, and Predictability: Survivor expresses not feeling secure or safe and does not want to perform activities that interfere with normal functioning (e.g., no longer wants to drive a car or go to the store.)	1	3	3
Irritability or Anger: Survivor displays increasing irritability and anger. May be directed at a person, military, or the deceased.	3	3	3

Risk Factor	At Funeral Time	1 Month	3 Months
Absence of Emotional Response: Survivor expresses no emotions or does not deal with the death. Suppresses emotions.	3	3	3
Feeling of Emptiness or Lack of Purpose: Survivor expresses a feeling of being adrift; life has no more meaning, difficult in thinking long term.	1	3	3
Compliance with Referrals: Survivor does not follow up on referrals for supportive help.	1	3	3
Poor Physical Appearance: Unkempt appearance, unwashed hair, poor personal hygiene.	3	3	3
Family Asks for Support with Children: Family requesting assistance with children's grief.	3	3	3
Severe Child Difficulties: A child expresses a desire to harm him/herself or commits acts of violence toward others (peers, siblings, parents)	Seek Assistance Now!		
Child Difficulties: Children appear to be having adjustment problems at home, school, or with friends. Radical changes in behavior (good or bad). Have trouble concentrating, are moody or irritable.	3	3	3
Social Support: Contact with family, friends, or other support appears to be absent or prone to conflict. Limited or no access to family.	3	3	3
Childcare: Inadequate or neglected for bereaved family's needs.	3	3	3
Household Management: Home management is problematic, house is unclean or in disarray, inadequate amount of food or lack of transportation.	3	3	3
Financial: Money problems are present. Bills are unpaid, lack of funds. Bill collectors call.	3	3	3
Withdrawal and Isolation: Survivors withdraw and isolate themselves from tasks, job, school or social support by survivors.	1	3	3
Avoidance: Survivor avoids dealing with emerging issues, people, places and responsibilities.	3	3	3
Graphic Images: Media constantly displays images of the events resulting in the decedent's death and disturbs survivors.	2	3	3
Unwanted Media Attention: Family is approached by press or media for interviews or does not desire media interest.	Notify PERS, Regional CACO coordinator, and PAO.		
Destructive Behaviors: Survivor becomes involved in improper relationships, commences impulse shopping, takes unnecessary risks, etc.	3	3	3
Difficulty coping with Traumatic Details: Survivor complains of an inability to cope with details or events associated with the death.	2	3	3

Counseling services are available through Gold Star, FFSC and others. Check with the Regional CACO coordinator for any assistance needed.

Terminology Review

Match the terms with the correct definition.

_____ 1. Decedent Affairs Office (DAO)

_____ 5. Memorial Service

_____ 2. Dignified Transfer of Remains

_____ 6. Mortuary Affairs Office (MAO)

_____ 3. Statement of Disposition of Military Remains (DD Form 3045)

_____ 7. Primary Care

_____ 4. Escort

_____ 8. Secondary Care

_____ 9. Unit Memorial Service

A. This office ensures prompt and uniform death benefits are provided to all Navy beneficiaries worldwide:

- Morticians are available 24 hours a day to provide benefits guidance and technical assistance to funeral directors and CACOs, or to answer any questions that may arise.
- Coordinates the Navy's Burial-At-Sea program.
- Navy morticians (both military and civilian) are assigned to Navy Casualty with duty locations at PERS-00C in Millington, TN, Dover Port Mortuary at Dover AFB, DE, and USMC Casualty Branch at Quantico, VA.

B. 1) Military: A uniformed member of appropriate grade who accompanies the remains of a deceased member from the servicing mortuary to the place of burial or interment.

2) Special: A military member, a family member or a friend of the family specifically requested by the PADD to escort the deceased member's remains.

C. A service with military participation may be held for deceased members whose remains are not recoverable. At the completion of such services taps will be sounded and the pre-folded flag will be presented to the next of kin by the Navy representative.

D. Honors rendered when welcoming home a fallen sailor. An Honors Team will be provided to convey appropriate and dignified honors upon arrival of the service member and to transfer the flag-draped casket to ground transportation. May be attended by the family, CACO and the press; however, members of the media are not typically involved.

E. Includes reimbursement for funeral home usage and cost of gravesite, vault, clergy person's services, opening and closing of grave, floral tribute and obituary notices.

F. A ceremonial command program that honors the service of deceased Military Service members and offers support to grieving unit survivors.

G. PADD completes this with the assistance of the CACO. It indicates funeral arrangement preferences.

H. The military services annually contract with CONUS mortuaries/ funeral homes to provide services at a fixed rate or at no cost to the family including:

- Removal from place of death.
- Preparation (dressing and cosmetics).
- Selection of casket (metal or wood).
- Uniform preparation.
- Cremation and urn (metal or wood).
- Shipment of remains to place of services.
- Shipment of remains to place of burial under military escort

I. This office provides support for the identification, care and disposition of remains of deceased persons for whom the Department of the Navy is responsible. Service includes:

- Obtaining proper authorizations for autopsy.
- Preparation and submission of Death Certificates.
- Preparation of remains.
- Advice and counsel to CACOs.
- Advice and counsel to eligible family members.

NOTES

Module 4: The Benefits Visit



Module Learning Objectives:

- Using the CACO Checklist, Student Manual and CACO website, the learner will demonstrate understanding of the scope of information and steps to be taken in the benefits phase of a CACO case.
- While participating in the “Setting Boundaries” discussion, the learner will discuss setting personal and emotional boundaries and designate a personal support system.
- The learner will apply the appropriate steps, reports and information of the benefits visit to a group case study.
- Using the CACO website (www.cnic.navy.mil/CACO), the learner will locate the CACO Checklist and all forms appropriate for each phase of the CACO process and will indicate items that will help them overcome knowledge attrition.
- After examining the sample Command Brief, the learner will discuss the importance of helping the command members prepare in the event of a death.
- The learner will demonstrate knowledge of CACO terms by completing a review activity.

References:

- DoD Instruction 1300.18, Department of Defense (DoD) Personnel Casualty Matters, Policies and Procedures (Jan.8 2008, incorporating change 1, Aug. 14, 2009).
- DoD 7000.14-R DoD Financial Management regulation, Volume 7A, Military Pay Policy and Procedures for Active Duty and Reserve Pay.
- NAVSUP P-485, Transportation of Personal Property Afloat.
- NAVSUP P-490, Transportation of Personal Property Ashore.
- CNIC Instruction 1770.2B, Casualty Assistance Calls Program (7 April 2020)

Terminology:

- **Freedom of Information Act (FOIA):** This legislation gives citizens the right to get information about the governance, actions, decisions and past records which are not confidential and not affecting the security of the nation, required by them from the authorities. For casualty investigations, a request form must be submitted to obtain certain records.
- **Tragedy Assistance Program for Survivors (TAPS):** A 24/7 tragedy assistance resource for anyone who has suffered the loss of a military loved one, regardless of the relationship to the deceased or the circumstance of the death.
- **Thrift Savings Plan (TSP):** A retirement savings program for civilians and members of the armed forces who are employed by the United States federal government.
- **Servicemember's Group Life Insurance (SGLI):** A program of low-cost group life insurance for qualifying service members.
- **Traumatic SGLI (TSGLI):** A rider to Servicemembers' Group Life Insurance that provides for payment to service members who are severely injured (on or off duty) as the result of a traumatic event and suffer a loss that qualifies for payment. Payments range from \$25,000 to \$100,000 based on the qualifying loss suffered.
- **Dependent's Educational Assistance (DEA):** Provides education and training opportunities to eligible dependents of certain veterans. The program offers up to 45 months of education benefits which may be used for degree and certificate programs, apprenticeships, and on-the-job training.
- **Montgomery GI Bill (MGIB) Refund:** Provides up to 36 months of education benefits to eligible veterans for qualified education expenses. Members contribute \$1,200 during their first year of active duty. If the benefit is unused by a deceased member, the unused portion of the payment is reimbursed to the designated beneficiary.
- **Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship):** Provides Post-9/11 GI Bill benefits to the children and surviving spouses of Servicemembers who died in the line of duty while on active duty after September 10, 2001. Eligible beneficiaries attending school may receive up to 36 months of benefits at the 100% level.
- **Personal Effects:** Articles owned by an individual, as well as any articles of government property in his/her temporary custody.
- **Person Eligible to Receive Effects (PERE):** The person eligible to receive the personal effects of a deceased military member or civilian employee.
- **Dependency and Indemnity Compensation (DIC):** A tax-free monthly benefit authorized for unremarried spouses and eligible children of members who died on active duty or died following active duty from a service connected disability. Benefit amounts change from year to year and are available on the Department of Veterans Affairs website

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- **Navy Gold Star Program:** The Navy's official program for providing long-term support to surviving families of Sailors who pass while on Active Duty.
 - **Gold Star Coordinator:** Serves as the long-term support advocate for Survivors and is responsible for service delivery. Works closely with the CACO. Provides, either directly or through appropriate professional resources; support groups, life skills education, assistance in managing applicable life-long benefits transition milestones and referrals to counseling resources.

Casualty Assistance Calls Officer

Benefits Visit Checklist

- Uniform:** Service Khaki or Navy Service Uniform for E-6
- Benefits Brief**
 - Upon receipt of the benefits package (to be sent to the CACO within 10 days of receipt of the PCR), call the regional CAC office to arrange to attend a brief on assisting the PNOK in completing applications for benefits.
 - Download applicable forms as indicated in the benefits package checklist provided by Navy Casualty (PERS-00C) prior to attending the brief.
 - Make an appointment with the PNOK for the benefits visit. Date/
Time: _____
- Privacy Act Authorization**
 - If not already done, have the PNOK sign the Privacy Act Authorization and attach a copy to all benefit claim forms.
- DD-1300**
 - Make copies of the DD-1300 as needed.
 - Attach a copy of the DD-1300 to all benefit claim forms.
- Housing**
 - Advise the family on housing options.
 - Family
choice: _____
- Investigations**
 - Provide family with the status of any investigations, and assist with completing the FOIA request, if not done on a previous visit.
- Inventory of Personal Effects**
 - When the command Inventory Control Board completes the inventory and a DD 1300 with a Line of Accounting is received, contact the Personal Property Office to arrange for delivery.
 - Monitor status of personal effects and address inquiries to member's command. (Should be inventoried and shipped within 14 days.)
- Legal Issues:** Contact Naval Legal Services Office for guidance as needed (e.g., appointment for family for probate or guardianship issues).
 - **Appointment**
Date/Time: _____
- Navy Gold Star**
 - Regional CACO coordinator will provide Gold Star Coordinator contact information:
 - Gold Star Coordinator: _____
 - Contact Number: _____
 - Email: _____
 - Contact Gold Star Coordinator and arrange and introduction to the NOK

□ **Recordkeeping and Tracking**

- Keep copies of all claims submitted.
 - Copy for your case file.
 - Copy for PNOK.
- Fax a copy of all completed application forms to the regional CAC office.
- Monitor the progress of all survivor benefit entitlements by submitting a NAVPERS 1770/7 as follows:
 - Submit “initial” NAVPERS 1770/7 to regional CACO coordinator within 30 days of the casualty:
 - Due Date _____
 - Submit “interim” NAVPERS 1770/7 every 30 days:
 - Due Date _____
 - Due Date _____
 - Due Date _____
 - Due Date _____
 - Submit “final” NAVPERS 1770/7 when all benefits/monies have been received.
 - Submit DD 1164 via DTS for reimbursement of CACO expenses (for example, mileage, toll, phone calls) to the regional CAC office monthly:
 - Due Date _____
 - Due Date _____
 - Due Date _____
 - Due Date _____
- CACO Change
 - If you transfer, turn your case over to another CACO and provide his or her name and phone number to the regional CAC office.

The Benefits Package

A Survivor's Benefit Package will be sent to the CACO from PERS-00C, usually within 10 days of the casualty. This package will contain a checklist of appropriate forms for the case to be downloaded, as well as other applicable material as determined by PERS-00C. If the Survivor's benefit package is not received within eight days, call the regional program manager and inform them. The Benefits Package will include a large binder titled, "The Days Ahead," which is an organizer for the family to keep all their documents in one location.

Contents of the benefits package may include:

- Veterans Affairs folder
- Gold Star Certificate(s)
- Gold Star lapel pin(s)
- Flag case request card
- TAPS brochure
- Navy Gold Star Program Brochure
- DD 1300 (Report of Casualty)
- Project Compassion brochure
- "The Days Ahead" binder
- A Survivor's Guide to Benefits
- Military Widow: A Survival Guide
- Gold Star Wives brochure
- TRICARE fact sheet
- Survivor Benefit Plan Package
- Beneficiary financial counseling brochure
- Navy-Marine Corps Relief Society letter (loans, grants, scholarships available)



Benefit claim forms that can be downloaded from the CACO website (www.cnmc.navy.mil/CACO):

- VA Form 40 1330 (Applications for Standard Government Headstone Marker)
- VA Form 21-534a (Application for Dependency and indemnity Compensation)
- Form TSP-U17 (Information Relating to Deceased Participant)
- NAVPERS 1770/7 (Casualty Assistance Calls Program) CACO USE ONLY
- SGLV-8283 (Claim for Death Benefits)

Immediately upon receipt of the benefits package from PERS-00C, contact the regional CAC office to set up a time for CACO staff to go over package with you via phone or in person. Next, make an appointment with the NOK to go over the forms and help to complete them and send to the agency or address stated on the form; often a return envelope is provided. Both the CACO and the NOK should keep a copy of all completed forms.

The NOK will need to provide certain documents to submit the claims, including:

- Marriage certificate
- Divorce decrees
- Birth certificates of children

Sample Benefits Package Letter/Checklist

From: -----, Casualty Case Manager
To: _____, Casualty Assistance Calls Officer (CACO)

Subj: BENEFITS PACKAGE ICO

1. I have enclosed the benefits package for, (Spouse). Please acknowledge receipt by calling (901) 874-4396, DSN 882-4396 or toll free 1-800-368-3202; you can also reach me via e-mail at -----@navy.mil. Also, please notify your CAC/FHS Regional Casualty Assistance Program Manager that you have received the benefits package.

2. The following (checked) items are included in this package:

- “The Days Ahead” Binder
 - “A Survivor’s Guide to Benefits” see “Survivor’s Guide” tab
 - DD Form 1300 (Report of Casualty) see “DD1300” tab
 - Taps Brochure see “Resources” tab
 - Project Compassion Brochure see “Resources” tab
 - Gold Star Wives Brochure see “Resources” tab
 - TRICARE Survivor Benefits Brochure see “Resources” tab
 - Navy-Marine Corps Relief Society Letter see “Resources” tab
 - VA Benefits for Survivors Brochure see “VA” tab
 - Beneficiary Financial Counseling Service Brochure see “Insurance” tab
- Gold Star Lapel Pin(s)
- Gold Star Certificate(s)

3. Please download the following (checked) forms and assist the NOK with submission. Since payment of benefits is contingent upon receipt of claims it is imperative these forms are filed as quickly as possible.

- Application for Standard Government Headstone or Marker (VA Form 40-1330)
www.va.gov/vaforms/va/pdf/VA40-1330.pdf
Fax completed form to 1-800-455-7143
- Application for Dependency and Indemnity Compensation (VA Form 21-534a)
www.vba.va.gov/survivors/21-534a.pdf
Fax completed form to (215) 381-3084 AND (901) 874-6654
- Claim for Death Benefits (SGLV-8283)
www.insurance.va.gov/sglisite/forms/8283.htm
Fax completed form to (877) 832-4943
- Information Relating to Deceased Participant (Form TSP-U-17)
<https://www.tsp.gov/PDF/formspubs/tsp-u-17.pdf>
Fax completed form to (703) 592-0170

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- Casualty Assistance Calls Program (NAVPERS 1770/7) **CACO USE ONLY**
www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/Documents/NAVPERS%201770-7%20R6-10_re.pdf
Contact your Regional Casualty Assistance Program Manager for submission requirements.

4. The VA Form 21-534a (Application for Dependency and Indemnity Compensation) is designed to expedite all VA based claims and must be returned to both the VA In-Service Claims office and OPNAV N135C. **Please fax the DIC worksheet to the VA at (215) 381-3084 and scan/email an encrypted copy to -----@navy.mil**
5. For additional information on survivor benefits, please visit the Department of Veterans' Affairs website: www.vba.va.gov/survivors/index.htm. To inquire about Montgomery G.I. Bill refunds, contact Mr. James Yetman at james.yetman@va.gov. To request a Presidential Memorial Certificate, complete the form at <http://www.va.gov/vaforms/va/pdf/VA40-0247.pdf> and fax your request and all supporting documents to: (800) 455-7143.
6. Ten copies of the DD Form 1300 have been included in the benefits package. In lieu of a death certificate, this form may be used by the next-of-kin as proof of death. It may also be used as proof of service, as a DD Form 214 will not be issued.
7. The NAVPERS 1770/7 is for your initial, interim, and final CACO reports which should be submitted via your Regional Casualty Assistance Program Manager.
8. Please hand deliver packet and lapel button(s).

Military Benefits

Military Benefits

Military benefits may include:

- Unpaid pay and allowances up to the day of death
 - Unpaid re-enlistment bonus
 - Unused leave
 - Unpaid Bonuses
- 365-day government quarters residence OR 365-day BAH entitlement
- One-time move at government expense to any location (including OCONUS) within three years of death
- Death Gratuity Payment (if not already paid)
- Survivor Benefit Plan (monthly annuity for survivors of deaths in the line of duty)
- Dependents' ID Card for spouse and child(ren) (all ID cards must be reissued)
- Commissary, exchange, medical care, proper DEERS status
- TSP Benefits

Note: Medical and dental benefits terminate for the spouse after three years after sponsor's death (i.e., date of death is May 3, 2008 termination date would be May 31, 2011) after which the spouse will have the option of continuing with TRICARE and Delta Dental at the same costs as a retired individual. However, minor children and unmarried dependent children remain in transitional survivor status at the active duty rate until they reach the age of 21 or up to 23 if they are enrolled in secondary school of higher learning. These children remain transitional survivors until they reach the eligibility age limit, marry, or otherwise become ineligible for tri-care.

Housing Issues

Families residing in government quarters should be advised as follows: that the military allows dependents 365 days of no cost continued residence in government quarters or entitlement to a quarters allowance if they choose to reside in private quarters (not for active-duty spouse — only dependents). Notify the government housing office of family's intentions, and apprise PERS-00C and the regional CAC office of the family's intentions and address should they vacate government quarters.

If family resides in other than government quarters, the CACO should apprise dependents of a 365-day BAH entitlement for private quarters. Contact PERS-00C to arrange the entitlement, and immediately notify PERS-00C of any change of address. Brief the family on Defense Finance and Accounting Service (DFAS) payment procedures.

Families residing in overseas government housing may be subject to additional restrictions due to SOFA or other agreements with the host nation. Consult with the regional CAC office for applicable policy.

Dependents are entitled to a one-time move, at government expense, for spouse and child(ren) within three years after a military member's death. Also, the Navy will store household belongings until the family is ready to move, up to one year. In some instances, more than one move may be allowed.

Thrift Savings Plan

TSP benefits are passed to designated beneficiaries via the member's validly completed TSP-U-3. If no TSP-U-3 was completed, the benefits will be passed according to the order of precedence required by law.

If a participant dies while he or she is still in federal service, the participant's personnel or payroll office will report the participant's death to the TSP. If the participant dies after separating from service, his or her next of kin, legal representative or other responsible person must report the participant's death to the TSP. In either case, however, to begin the process, the participant's survivor(s) must submit Form TSP-17, Information Relating to Deceased Participant, to the TSP, along with a copy of the participant's certified death certificate.

Form TSP-17 can be downloaded and printed from the TSP website, under Forms & Publications; it is also available from the participant's agency or service personnel office or the TSP.

Payments to beneficiaries can take several months from the time the TSP is notified of the participant's death. If there is an outstanding loan or a court order against the account, it must first be resolved. Beneficiaries must be located, their Social Security numbers must be obtained and verified, and their addresses must be obtained or confirmed. Payments are usually made 60 days after the beneficiary determination package is sent from the TSP or after the TSP has received all of the information it needs to make the payment (e.g., an Election of Payment form), whichever is sooner. Beneficiaries can also request an accelerated payment by submitting the Waiver of Tax Notice Period that is in the beneficiary determination package.

- Options for the Spouse(Children):
 - Take all money in TSP out
 - Leave money in TSP, but no new contributions
 - Rollover monies into an IRA (Non-Roth IRA has to go into traditional IRA's)

The Survivor Benefit Plan (SBP)

SBP is payable to all active-duty spouse and/or children, pending a JAG LOD determination. If no election is made/ signed/forwarded, SBP will default to "Spouse" or "Spouse and child" election after one year. The benefit amount is 55 percent of 75 percent of base pay at the time of death.

Example: Base pay of \$4,000 per month

75% of \$4,000 = \$3,000

55% of \$3,000 = \$1,650

The SBP benefit amount is offset dollar for dollar by receipt of DIC (Spouse or Spouse and Child elections), while SBP (Child-only election) is not.

Example: DIC \$1254 (Spouse) + (\$310 per child) + SBP (S & C) \$0 = \$1,564

(2015 Dollars) DIC \$1254 (Spouse) + (\$310 per child) + SBP (C only) \$1650 = \$3,214

If the surviving spouse has one or more children under the age 1, add the 2-year transitional benefit of \$270.00.

SBP is taxable and DIC is not. SBP for child(ren) will stop once each child reaches 18, or 22 if an unmarried full-time student. It also stops when a spouse remarries. See

<http://militarypay.defense.gov/Benefits/sbp.html>.

The DoD Self-Service Login (DS Logon) and Online Survivor Benefits Report (OSBR)

Public Law 109-163 required the Department of Defense (DoD) to provide the survivors of deceased service members with computer accessible, personalized no cost information about benefits and financial assistance available to them from the Federal government.

The Armed Forces Services Corporation (AFSC) provides survivors an Interactive Online Survivor Benefits Report. This report permits survivors to input “what if” changes to the status of eligible surviving family members. Contact your Regional Casualty Assistance Coordinator to obtain the initial survivor benefits report for delivery to the survivor.

Your regional coordinator can also assist you in obtaining a DoD self-service logon, or DS, logon premium account for your survivor which will permit them to access the report 24/7, 365 days a year. To access the report, an account which consists of a username and password are required. The DS logon is a secure self-service logon identification that permits individuals affiliated with the DoD or Department of Veterans Affairs (VA) to access several websites using a single username and password.

If the survivor has questions after obtaining the DS logon and password have them contact the Family Assistance Support Team at 877-827-2471 or by email at osbr@afsc.com.

Department of Veterans Affairs Benefits

- Dependency and Indemnity Compensation (DIC)
 - Spouse and child(ren).
 - Monthly allotment.
 - Service-related death.
- Servicemembers’ Group Life Insurance (SGLI)
 - SGLI is payable to the designated beneficiary on SGLI election form. If none is designated, it is paid to spouse, children, and parents, in that order, by law.
 - Normally paid within three to four weeks.
 - Must submit DD 1300, a copy of death certificate, SGLI election form (SGLV-8286) and LES or statement confirming the last month for which the SGLI premium was collected from the member’s pay.
 - Monthly installment option available.
 - An Accelerated Benefits Option (ABO) is available in terminally ill cases; see resource in CACO Toolkit for more information.
 - Upon the death of the service member, SGLI payment is made by the Office of Servicemembers’ Group Life Insurance (OSGLI) to the service member’s beneficiary in either a lump-sum payment or in 36 equal monthly installments as specified by the service member. Eligible beneficiaries may elect to change the lump-sum payment to 36 equal monthly payments; however, they cannot change the 36 equal monthly payments to lump sum.
 - If the proceeds are to be paid in a lump-sum payment, the beneficiary will be given the option of receiving the lump-sum payment either through the Prudential Alliance Account or by check.

An Alliance Account is an interest-bearing draft account established in the beneficiary’s name with a draft book. The beneficiary can write drafts (checks) for any amount up to the full amount of the proceeds. There are no monthly service fees or per-check charges and additional checks can be ordered at no cost. Fees do apply for some special services including returned checks, stop payment orders and copies of statements/checks.

The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. The interest rate may change, but not more than once a month and will vary over time subject to a minimum rate that will not change more than once every ninety days.

Alliance Account funds are part of Prudential's General Account and are backed by the financial strength of The Prudential Insurance Company of America, which has been in business and serving its customers for more than 130 years. The Alliance Account is not a bank account or a bank product, and therefore, is not insured by the Federal Deposit Insurance Corporation (FDIC).

- TSGLI: Traumatic SGLI coverage (while living) is automatic with SGLI coverage for an additional \$1 per month. Coverage provides a payment of \$25,000 up to \$100,000 (in \$25,000 increments) for members with a qualifying loss. Payment is also made to the beneficiary of a member who has died from a qualifying injury seven days or more after a qualifying injury occurs.
- Headstone
 - PNOK or PADD Only, delivery in three to four months
- Dependent Educational Assistance
 - Spouse and child(ren).
 - Up to 45 months.
- MGIB Refund:
 - Unused GI Bill monies refunded to designated SGLI life insurance beneficiaries (only what member put in). Must submit letter requesting refund.
- Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship):
 - Provides Post-9/11 GI Bill benefits to the children and surviving spouses of Service members who died in the line of duty while on active duty after September 10, 2001. Eligible beneficiaries attending school may receive up to 36 months of benefits at the 100% level.

Accompany the NOK to the local Department of Veterans Affairs office for a detailed explanation of benefits if required. Some local VA representatives will agree to visit the NOK to discuss benefits. Consult with your regional program or case manager for additional guidance.

Social Security Benefits

- Lump Sum Death Benefit
 - \$255
 - Spouse or child
- Monthly Allotment
 - Unmarried children who are under age 18 (or up to age 19 if they are attending elementary or secondary school full time). Children can get benefits at any age if they were disabled before age 22 and remain disabled. Under certain circumstances, benefits also can be paid to your stepchildren, grandchildren or adopted children.
- Young Widow(er) Benefit
 - Through child's 16th birthday if not still in high school.

You can call a special toll-free number for families of military service members (866-777-7887) between 7 a.m. and 4 p.m. EST Monday through Friday, and they will take the NOK's claim right away over the telephone using their expedited process.

You can also visit the local Social Security office if not using the expedited telephone claims process. Check the local telephone directory for the nearest office, or call (800) 772-1213 between 7 a.m. to 7 p.m. EST Monday through Friday, or visit their website at www.socialsecurity.gov.

Using the toll-free number is highly recommended.

Beneficiary Financial Counseling Services (BFCS)

Free, unbiased financial counseling tailored to a survivor's needs is available from the national team at FinancialPoint®. Their certified financial planners and other financial professionals are experts in handling a wide range of financial situations and offering customized assistance. FinancialPoint counselors have no products to sell. They do not receive a commission for their services, and they are not affiliated with any banks or investment firms.

Phone Access: 888-243-7351

Fleet and Family Support Center Financial Programs

The Navy's Personal Financial Management (PFM) implements specific requirements that establish a systemic approach to address personal financial management issues for Sailors, families and Navy commands.

Management of personal finances presents an increasing challenge to Sailors and their families. For some, the lack of basic consumer skills and training in how to wisely manage finances sets the stage for financial difficulty. Contributing factors include a high cost of living in some areas of the United States, predatory lenders/lending, high-pressure sales tactics, deceptive advertising, consumer rip-off schemes and a tendency to live beyond one's means.

Sailors and the Navy have a joint responsibility to address personal financial obligations. Sailors have an obligation to meet the financial needs of their families and pay their just financial debts in a timely manner.

Overall, the PFM program offers information and referral, education and training, as well as financial counseling to address the financial education needs of Sailors and their families. The PFM program is to emphasize a proactive, career lifecycle approach to service members' personal financial responsibility and accountability by providing basic principles and practices of sound money management, counseling tools and referral services using a comprehensive education and training program.

Active-Duty Casualty Benefits and Entitlements Summary

Current as of July 2013

BENEFIT and ENTITLEMENTS	DESCRIPTION	LOD Impact	Taxable/ Non-Taxable
Basic Allowance for Housing (BAH) JFTR Chapter 10 par. U10424	May remain in government quarters up to 365 days or receive one-time lump-sum payment if in civilian quarters not to exceed 365 days of BAH or a combination of both again, not to exceed 365 days. If beneficiary is active-duty military, payments will be made on a quarterly basis for this entitlement.	No Impact	NT
Uniform Services ID and Privilege Card DoD Instruction 1000.13	Continues for unmarried widow(er), handicapped dependent children or dependent children attending school through age 21 (may be extended to age 23 if a full-time student in a VA-approved educational institution).	No Impact	
Exchange, Commissary and Theater Privileges DoD Instruction 1000.13	Continues for unmarried widow(er), handicapped dependent children or dependent children attending school through age 21 (may be extended to age 23 if a full-time student in a VA-approved educational institution).	No Impact	
Unpaid Pay and Allowances (UPPA) DODFMR 7A Chapter 36	Paid to designated beneficiary. Consists of any unpaid pay and allowances, unused leave, any remaining bonus entitlements, etc. DFAS generally will process final pay within 60 to 90 days.	No Impact	T/NT
Post-9/11 GI Bill Public Law 111-32, the Marine Gunnery Sergeant John David Fry Scholarship, amends the Post-9/11 GI Bill (chapter 33) *Updated for 2015	An individual who is the child or spouse of a person who, after Sept. 10, 2001, dies in the line of duty while serving on active duty, is eligible for education assistance under the Post 9/11 GI Bill. This educational assistance is known as the "Marine Gunnery Sergeant John David Fry Scholarship." In this instance, a child may be married or above the age of 23. Each spouse or child would receive the 36 months of benefits to include tuition capped at the highest in-state undergraduate tuition, BAH for E5 w/ dependents based on the ZIP code of the college and up to \$1,000 for books. The dependent would have to be going full time in order to receive the full BAH.	Will Impact	NT
Thrift Savings Plan Contributions Federal Employees' Retirement System Act of 1986	Paid to designated beneficiary. If no beneficiary form is on file, then payment is made by law.	No Impact	T
Death Gratuity DODFMR 7A Chapter 36	Paid to designated beneficiary(ies) \$100,000 (one-time payment.) 100% tax-free.	No Impact	NT
Dependency and Indemnity Compensation (DIC) & Spouse Transitional Benefit 38 CFR 3.312. & M21-1MR, Part IV	DIC is a tax-free monthly benefit authorized for unremarried widow(er)s and eligible children of service members who died on active duty or died following active duty from a service-connected disability. Must be VA approved. Current rates can be found at http://www.vba.va.gov/bln/21/rates/comp03.htm . A transitional benefit is also payable to the surviving spouse with dependent children for the first two years after member's death or until the youngest child turns 18 (23 if attending college), whichever period is shorter. Additional benefits are payable if the spouse and/or child is incapacitated or in need of assistance.	Will Impact	NT

BENEFIT and ENTITLEMENTS	DESCRIPTION	LOD Impact	Taxable/ Non-Taxable
Dependents' Educational Assistance (DEA) Dependents' Educational Assistance Pamphlet U. S. Code 38, Chapter 35	DEA is payable by the VA to the spouse and each child to defray the expenses of higher education. Amounts are payable monthly. Note: Children can only receive DEA or DIC — not both. Spouse can receive both DIC and DEA concurrently. See www.vba.va.gov .	No Impact	
Headstones, Grave Markers and Medallions 38 CFR 38.631 &	Provided by Department of Veterans Affairs (VA).	No Impact	
Servicemembers' Group Life Insurance (SGLI) Servicemembers' and Veterans' Group Life Insurance Handbook	\$400,000 coverage unless member has declined or elected a lesser amount. If the deceased was married to another military member, an additional \$100,000 (FSGLI) is payable unless spouse has declined or elected a lesser amount.	No Impact	NT
Traumatic Injury SGLI Public Law 109-13 & TSGLI Procedural Guide	A rider to the SGLI policy provides payments to help traumatically injured service members and their families with financial burdens associated with recovering from a severe injury. Payments range from \$25,000 to \$100,000 depending on the qualifying loss suffered. Also payable to SGLI beneficiary(ies) if the member died seven days or more after a qualifying injury occurs.	No Impact	NT
Social Security Burial Allowance Social Security Survivor Benefits Publication	\$255 one-time lump-sum death benefit, if eligible.	No Impact	NT
Funeral Travel JFTR par. 5242 MILPERSMAN 1770-270	Travel to attend burial ceremonies is authorized for the spouse, children, parents (including in-laws), and siblings (full, half or adopted); or the person authorized to direct disposition of the remains (PADD), if not one of the previously mentioned. If there are no other qualifying relatives, the PADD may select an additional two persons closely related to the deceased. Per diem is payable for the time necessary to travel to the location concerned, plus not to exceed 2 days at that location, and the time necessary to return from that location.	No Impact	NT
Memorial Service Travel JFTR par. 5242 MILPERSMAN 1770-271	An eligible relative (as outlined above in "Funeral Travel") may be authorized travel and transportation allowances for one round-trip to one installation/home port/unit memorial service if that memorial service occurs at a location other than the burial ceremony location. The memorial service must be in CONUS, a non-foreign OCONUS area or the deceased member's last PDS or home port, and may not be in a theater of combat operations. Per diem is payable for travel days to and from the location concerned, plus up to 2 days at that location. Note: Commands must provide a statement indicating the date and location of the memorial service, as well as the list of invited/attending family members.	No Impact	NT
Travel to Dignified Transfer DOD INST 1300.18	The Primary Next of Kin (PNOK), plus two eligible relatives of the PNOK's choosing (see "Funeral Travel" for eligible relatives list) of Navy fatalities from a theater of combat operations may travel to Dover Air Force Base to observe the Dignified Transfer of Remains	No Impact	NT
Travel to Very Seriously ill or injured Sailors Bedside JFTR par. 5246 MILPERSMAN 1770-230	A Military physician may determine that such travel is warranted. Such travel is authorized for up to three individuals, as designated by the member (verbally or indicated on the page 2), or by the attending Physician. Individuals are entitled to lodging and per diem for the duration of the "bedside warranted" status. Subsequent arrangements may be authorized through Navy Safe Harbor.	No Impact	NT

BENEFIT and ENTITLEMENTS	DESCRIPTION	LOD Impact	Taxable/ Non-Taxable
Travel to Bedside of Not Seriously Injured Sailors JFTR par. 5246 MILPERSMAN 1770-230	Travel is authorized for up to three individuals (as determined above) to visit a member who has a wound or injury incurred in a combat operation or combat zone and who is hospitalized in a medical facility in the U.S. for treatment of that wound or injury. Per diem authority must not exceed 30 days unless an extension is authorized/approved through the Secretarial Process.	No Impact	NT
Mortuary Services U. S. Code Title 10 Chapter 75	Preparation, encasement and transportation of remains provided through a contract mortuary or government facility.	No Impact	NT
Gravesite U. S. Code Title 10 Chapter 75	Provided by Department of Veterans Affairs (VA) through the National Cemetery System.	No Impact	NT
Survivor Benefit Plan (SBP) & Special Indemnity Allowance (SSIA) DoD Directive 1332.27 & DODFMR 7B Chapters 42–52 PL 110-181 (18 Apr 08)	Annuity computed at 55% of member's disability retired pay (75% of basic pay) (*Note: Computation of disability retired pay predicated on member's retirement plan, i. e. final pay or high 36 average.) Any SBP payable to the spouse is offset dollar for dollar by DIC. Child(ren) may receive payment with no offset. – Surviving spouses whose SBP payments have been offset (partially or totally) as a result of receiving DIC, including surviving spouses of members who died while serving on active duty, are eligible for the Special Survivor Indemnity Allowance (SSIA). SSIA will not be payable for any period prior to 1 Oct 08. -- Monthly SSIA payments will be paid as follows: --- 1 Oct 08 thru 30 Sep 09 - \$50 --- 1 Oct 09 thru 30 Sep 10 - \$60 --- 1 Oct 10 thru 30 Sep 11 - \$70 --- 1 Oct 11 thru 30 Sep 12 - \$80 --- 1 Oct 12 thru 30 Sep 13 - \$90 ---1 Oct 13 thru 30 Sep 14 - \$150 ---1 Oct 14 thru 30 Sep 15 - \$200 ---1 Oct 15 thru 30 Sep 16 - \$275 ---1 Oct 16 thru 30 Sep 17 - \$310 SSIA payments terminate 1 Oct 17	Will Impact	T

Return of Personal Effects

The Navy has no authority to decide lawful succession to or title of ownership of the personal effects of a member who has died. The member's command is only responsible for inventorying and taking custody of personal effects for safekeeping and delivery to the legal recipient, known as the person eligible to receive personal effects (PERE), including the member's POV. The inventory should be recorded on NAVSUP 29. This is a command responsibility. The CACO should not be involved in inventorying or custody of a deceased member's personal effects.

- Per DoDI 1300.18, PEREs are recognized in the following order:
 1. The legal representative of a person's estate.
 2. Unremarried surviving spouse.
 3. Children in order of seniority (age).
 4. Parents in order of seniority (age).
 5. Siblings in order of seniority (age).
 6. Other blood relative.
 7. A person standing in loco parentis.
 8. A person named as a beneficiary in a will.

The command should appoint an Inventory Control Board (ICB) which will provide status reports on the personal effects to the regional CAC office. The ICB must consist of at least two people (who are not the CACO) to maintain dual custody at all times. All personal effects should be inventoried, including items in the work space. If the personal effects are in a private residence that the member was sharing with another individual and that person refuses the Navy permission to enter the residence to collect items for shipment, the NOK may have to obtain a court order for release of those items. The shipment of personal effects must be completed within 14 days. The command representative (liaison) should advise the regional CAC office of any estimated shipment date and date of arrival. See NAVSUP 490, Rev 5, for more guidance, or consult NAVSUP Code 53.

Bank Accounts: Contact the bank to determine necessary steps to close member accounts.

POV: If the POV(s) are located at a commercial storage facility, the costs for storage have to be paid by the recipient prior to shipment; the CACO needs to contact the storage facility and obtain details on how to retrieve the vehicle and apprise the NOK of arrangements. If there is a lien against the vehicle, the legal recipient will be advised and given the name and telephone number of the lien holder. Inform the legal recipient that you will, at his/her request, call the financial institution to inform them that the member is deceased.

Documentation: Be specific and use caution when documenting personal effects on the NAVSUP 29. Never inventory personal effects alone. It is important to use generic information when describing personal effects. For example, rather than say “A 2-carat diamond ring” use “a yellow ring with a clear stone.” Do not use words such as gold, silver, china, Rolex, etc.

Mail: Read opened mail, but do not read unopened mail.

Shipment Documentation: The command representative is the liaison with the origin Personal Property Shipping Office (PPSO). The liaison communicates with the assigned CACO (at destination) and provides information as to shipment, storage and/or delivery of personal property. The assigned CACO at destination is the agent for NOK and initiates the delivery of the personal property to the NOK/legal recipient (PERE) via the PPSO. Make an appointment with the Personal Property/Household Goods Office to arrange for “Blue Bark” shipment.

Documents to provide are:

- Copy of PCR
- CACO appointment letter
- Copy of member’s Page 2
- A DD 1300 with the line of accounting (LOA)
- NAVSUP Form 29
- Vehicle registration and/or supporting documents

If death occurred outside the 48 contiguous states, then the personal effects are normally routed through the Fleet and Industrial Supply Center, Williamsburg, VA. While personal effects are being processed, the command to which the member was assigned will keep the CACO advised as to when and how the effects were sent, bill of lading numbers, intermediary shipment points and expected arrival time of effects. If there is indication of a delay or effects do not arrive, do not hesitate to contact the Fleet and Industrial Supply Center, or the Personal Property Division, HQ Naval Supply Systems Command. Forms for personal effects are included in the Command Information page of the CACO website (www.cnmc.navy.mil/CACO).

Items Not Covered or Shipped: Examples include pets, garbage and damage to property. Check with your case manager or regional CAC office for guidance if you encounter an issue with an item not covered or shipped.

Sample Forms

Inventory of Personal Effects (NAVSUP Form 29) (pg. 1 of 2)

INVENTORY OF PERSONAL EFFECTS (Lost - Abandoned - Unclaimed) NAVSUP Form 29 (REV 6-00)			
THE PRIVACY ACT OF 1974, AUTHORITY: Title 5, U.S.C. Code 5724. Use of SSN authorized by Executive Order 9397 of 22 November 1943; Title 4 U.S.C. code 406. PRINCIPAL PURPOSE: To serve as a record property impounded by the Government incident to a member's death or disappearance. ROUTINE USES: (A) Serves as a record of all property impounded by Government which has been left behind by members who have disappeared or belonging to deceased members or employees, (B) Serves as a source document for preparation of shipping documents used to return property to next of kin or legal owner. VOLUNTARY: Lack of SSN on this will not directly affect the member. When it is furnished, however, it precludes any possible mistaken identity when names are the same and this is a frequent occurrence.			
NAME (Last)	(First)	(Middle)	SSAN
SHIP/STATION		DATE ACQUIRED CUSTODY	
HOME OF RECORD			
NAME AND ADDRESS OF NEXT OF KIN, HEIR, LEGAL REPRESENTATIVE			
REASON FOR INTERVENTION (SELECT ONE ITEM)			DATE DECLARED:
<input type="checkbox"/> DECEASED <input type="checkbox"/> DECLARED AWOL/DESERTER <input type="checkbox"/> MENTALLY/PHYSICALLY INCAPACITATED			
<input type="checkbox"/> TRANSFERRED ON LV OR TEMDU <input type="checkbox"/> TRANSFERRED W/O BELONGS <input type="checkbox"/> MIA			
INVENTORY BOARD APPOINTED SENIOR:		DATE OF APPOINTMENT	APPOINTED BY (Typed name of CO/OINC signature)
OTHER: RECEIVED FROM INVENTORY BOARD, DATE	SIGNATURE, RANK, TITLE OF RECEIVING OFFICER		SHIP/STATION (If other than above)
STATEMENT OF UNSETTLED FINANCIAL TRANSACTIONS			
OWED TO ABOVE NAMED MEMBER BY	AMOUNT	OWED BY ABOVE NAMED MEMBER TO	AMOUNT
PERSONAL EFFECTS BEING SHIPPED TO			
<input type="checkbox"/> NEXT OF KIN <input type="checkbox"/> LEGAL OWNER <input type="checkbox"/> PEDC CHEATHAM ANNEX			
REMARKS (Comments/typed name of Custom Inspector (if applicable))			

S/N 0108-LF-500-00803

Sample Forms

Inventory of Personal Effects (NAVSUP Form 29) (pg. 2 of 2)

NAVSUP FORM 29 (REV. 06-00)

NAME (Last)		(First)	(Middle)	SSAN		
ASSIGNED TO				DATE		
LIST OF PERSONAL EFFECTS						
Class I BEDDING	DESCRIPTION	NO.	CLASS III - MONEY	DENDUM.	NO.	AMOUNT
	Blanket		Bills	\$		
	Cover, Pillow					
	Cover, Mattress					
CLASS II - CLOTHING PRESCRIBED BY NAVY UNIFORM REGULATIONS	Bag, Duffel					
	Belt			Subtotal		
	Blouse/Shirt		Coins	\$	1.00	
	Cap (Blk/Lb/Khaki)				.50	
	Coat (Utility/Winter)				.25	
	Coat (Rain)				.10	
	Coat Uniform (Winter/Summer)				.05	
	Gloves/Handbag				.01	
	Hat (Combination)					
	Hat, Covers (Wh?Blk/Khaki)				Subtotal	
	Havelock		Foreign Currency			
	Hood, Rain				TOTAL	
	Insignia (As required)			CLASS IV - NEGOTIABLE AND NONNEGOTIABLE INSTRUMENTS		VALUE
	Lingerie					
	Necktie					
	Scarf					
	Shirt (Wh/Blk/Khaki)					
	Shirt (Utility)					
	Shoe (Dress)					
	Shoe (Gym/Safety)			CLASS V - MISCELLANEOUS ARTICLES OF INTRINSIC, SENTIMENTAL & UTILITY VALUE		
	Shorts					
	Skirts					
	Slacks					
	Socks					
	Trousers (Utility)					
Trousers (Bl/Wh/Khaki)						
Undershirt						
Underdrawers						
INVENTORY BOARD			REMARKS			
SEAL NO.	SENIOR BOARD MEMBER					
DATE OF INVENTORY	OTHER BOARD MEMBER					
FOR USE OF SUPPLY OFFICER	DISPOSITION (If other than owner/bailee or shipment to other activity)					
	APPROVED BY (Signature of appointment officer)					

Sample Forms

Shipment of Personal Effects Letter

(date)

To: Commander, Navy Personnel Command (PERS-1352)
Via: _____
(Area Coordinator's Command)

Subj: SHIPMENT OF PERSONAL EFFECTS

1. This is to request the personal effects of my
husband / wife / son / daughter, (circle one)

(rate, name, social security number)

be shipped to the following individual and address:

Name: _____
Address: _____

2. If you have any questions, please call:

(CACO's name and telephone number with area code)

Requestor: _____
(signature)

(printed name)

(relationship to the deceased)

Recipient: _____
(signature)

(printed name)

(relationship to the deceased)

Signature of Requestor affixed in the presence of:

(signature of CACO)

Appendix V

Sample Forms

Handling of Personal Effects Designation Letter

1710
N101

From: Commanding Officer, USS NEVER SAIL
To: Commanding Officer, Fleet Industrial Supply Center

Subj: DESIGNATION OF SERVICEMEMBER TO HANDLE PERSONAL
EFFECTS OF SN ANY SAILOR, USN, 123-45-6789

1. EMCS ANY CHIEF, USN, (SSN) , is designated as person handling disposition of personal effects for deceased servicemember, SN ANY SAILOR, USN, 123-45-6789.

2. [Regional] Casualty Assistance Calls Program Coordinator can be reached at (123) 123-4567.

Signature
By direction

4-40

Investigations

Sometimes an investigation is initiated to explore the circumstances surrounding the death of a military member (or DoD civilian employee who becomes a fatality while accompanying military personnel in the field or as a result of military-related actions). Navy Casualty (PERS-00C) will task commands to provide the following, usually by a casualty assistance follow-up message e- mailed to the command:

- The name of the DoD organization conducting the investigation.
- The type of investigation being conducted.
- The existence of any reports by the investigating organization that have been or will be issued as a result of the investigation.
- A point of contact within the investigating organization that can provide information on the status of the completion of any investigative reports.

Examples of investigations are Line of Duty (LOD) Investigations, JAGMAN Investigations, or an Aviation Mishap Investigation.

Your role as a CACO is to provide the PNOK and parents with current information about ongoing investigations (if applicable) and the process for obtaining a copy of such investigation and any autopsies (if conducted). You should work with your regional program manager to obtain this information.

DoD informs PERS-00C about the procedures for family members to obtain a copy of the completed report(s), to the extent that such reports may be furnished, and for obtaining answers to their questions on the completed investigation from a fully qualified representative.

If the question of investigations comes up on the notification visit, assure the family that you will keep them apprised of the status as soon as you know anything, and that you will help them fill out any forms to get the information they want.

The Freedom of Information Act (FOIA) request form is included in the CACO Toolkit.

When speaking with a family about ongoing investigations:

Do:

- Tell the family what information is available.
- Assist the family to complete Freedom of Information Act request forms.
- Coordinate with your regional program manager to obtain the latest information.

Don't:

- Speculate; only tell the family information you have.
- Make promises that you cannot keep (for example, telling the family when investigations will be completed or available.)

Sample Forms

Freedom of Information Request Letter: Service and Medical Records

(Date)

Commander
Navy Personnel Command
(PERS-00J6)
Attn: Freedom of Information Coordinator
5720 Integrity Drive
Millington, TN 38055

To Whom It May Concern:

In accordance with the provisions of Public Law 102-484, Section 1072 of the 1993 National Defense Authorization Act, I request a copy of the below listed documents from the service record or medical record of:

(Rate, Name, Last Four of SSN)

who died on _____

Documents requested: _____

(Signature)

(Printed Name)

(Relationship to Sailor)

(Street Address)

(City, State, ZIP Code)

(Telephone Number)

(Form received from OPNAV N135C 6 November 2009.)

Sample Forms

Freedom of Information Request Letter: Police Investigation

(Date)

Chief of Police
(name & address)

To whom it may concern:

In accordance with section the Privacy Act of 1974, I request a copy of the
police report in the case of my husband, _____
who died on _____, in _____:

(date) (place)

(Signature)

(Printed Name)

(Relationship to deceased)

(Street Address)

(City, State, Zip Code)

(Telephone Number)

Sample Forms

Freedom of Information Request Letter: JAGMAN

(date)

ISIC with GCMCA
Street Address
City State Zip Code

To Whom It May Concern:

Ref: (a) Section 1072 of Public Law 102-484 ("1993 National
Defense Authorization Act")
(b) Section 552 of Title 5 of the United States Code
("Freedom of Information Act")

In accordance with references (a) and (b), I request a copy
of the Judge Advocate General Manual (JAGMAN) investigative
report into the circumstances surrounding the death of my
(relationship), (rate, name, USN, SSN), who died on (date).

If photographs are contained within this report, then
I (circle one: do, do not) want the photographs.

If I qualify as a "family member" pursuant to reference (a),
then disclosure of the requested information to me is required
to the extent permitted by reference (b). For this reason and
because this request is not primarily in my commercial interest,
I request a waiver of fees. I understand I may be required to
provide proof of family member status.

(TYPED NAME)

Relationship to Member: _____

Address: _____

Telephone: _____

Sample Forms

Freedom of Information Request Letter: NCIS

NAVAL CRIMINAL INVESTIGATIVE SERVICE
INVESTIGATION REQUEST

Naval Criminal Investigative Service Headquarters
WNY, Building 111, Attn: OOJF
716 Sicard Street, S.E.
Washington, DC 20388-5380

To Whom It May Concern:

_____ (U. S. Navy Member's Rank, Name, and SSN) _____ died
while serving on active duty with the United States Navy on ___ (Date of Death) ___.

I understand an independent investigation into the death of the above named Sailor is
being conducted by your organization. Under the Freedom of Information Act, request a
copy of the completed investigation be provided to me at the below address. I am

_____ (Relationship) _____ to the deceased.

I (do/do not) desire the report to include pictures taken by the investigators.

Sincerely,

(Signature)

(Printed name)

(Street address)

(City, State, Zip Code)

(Telephone number)

Sample Forms

Freedom of Information Request Letter: Autopsy

SAMPLE REQUEST FOR AUTOPSY

DATE: _____

Armed Forces Medical Examiner System
115 Purple Heart Drive
Dover AFB, DE 19902

Dear Sirs:

Pursuant to the provisions of Title 5, United States Section 552 Freedom of Information Act, and the provisions of the Privacy Act of 1974, I am requesting a copy of the autopsy report and the results of the examination surrounding the death of my husband,

_____, USN,
Rank/Rate, Name, SSN

that died on _____. I understand that some autopsy
Date of Death

reports may contain graphic information. Please forward a complete copy to the following address as soon as feasible.

(Signature of Next of Kin)

Address

City, State, Zip

(_____)_____
NOK's Phone number

(Signature of Witness)

Setting Boundaries

In his book, *Boundaries & Relationships: Knowing, Protecting, Enjoying the Self*, psychotherapist Dr. Charles L. Whitfield describes a boundary or limit as "**how far we can go with comfort in a relationship**. It delineates where 'I' and 'my' physical and psychological space ends and where 'you' and 'yours' begin."

If your boundaries are intact and you have good self-awareness, you will have a negative response to people around you who don't. Think of the co-worker or casual acquaintance who shares intimate details of her or his marriage with you. What about the boss who seems to be trying to develop a friendship with you? At the least, this can be confusing. We are comfortable in relationships when we know the "rules" or conventions that define them.

Setting boundaries is not a more sophisticated way of manipulation — although some people will say they are setting boundaries, when in fact they are attempting to manipulate. The difference between setting a boundary in a healthy way and manipulating is: **when we set a boundary we let go of the outcome**.

It is important for a CACO to maintain personal and emotional boundaries when working with a case, especially an extended case. This means setting limits without feeling like you have hurt or disappointed another person and being able to ask for what you want or deserve.

Clearly defined boundaries indicate that you have self-respect, care for yourself and are aware of protecting your own interests. People who are able to do this are able to say NO! You may find that saying "no" brings up many different emotions for you. If you have emotional boundaries that are **too restrictive**, you may feel emotionally numb. To others you may seem to be insensitive, unaccepting and not interested. You may avoid reacting or showing your feeling to others and have problems asking for or giving help.

If you have emotional boundaries that are **too loose**, you may be unable to contain your feelings and you may overreact to yourself or others. You may tell others too much about yourself, may depend too much on others to meet your needs and may trust too quickly or get into intimate, sexual relationships too fast or inappropriately. You may also agree to do things when you really want to say "no." You may also give too much, take too much and not respect your own or others' personal rights. You have the right to set limits on your physical and emotional space and ask others to respect those limits.

How Can I Tell if My Boundaries Are Violated?

Any of the following may be signs that you do not have adequate boundaries in place:

- Always saying YES when someone asks you to do something, even if you don't feel like it.
- Often putting the needs of others before your own.
- Putting up with verbal and emotional abuse.
- Allowing yourself to be manipulated by another's moods.
- Feeling hurt and angry when someone treats you a certain way.
- Being taken for granted.

CACO duty can take a physical and emotional toll on a member. Before taking on a case, set your own boundary guidelines and stick to them. Have a support system in place, a person or group of people you can talk to when you are experiencing stress, strong emotions or secondary trauma from your CACO duty. Your spouse, adult friends, chaplain or religious advisor, parents or siblings could be in your support system and help you maintain your boundaries and your perspective.

Take a few minutes now to consider who could be your support when you are called to CACO duty. When you complete this training, talk to the person or people listed, tell them about the duty you may be called on to perform, and discuss how they can provide support to you as you accomplish this critical service to your fallen shipmates and their families.

Name: _____

Name: _____

Name: _____

Long-Term Assignments

CACO assignments can range from a few hours to many months. In extended assignments, communication needs change over time. Two kinds of communication problems are common: 1) the NOK may become frustrated and angry about slow progress, or 2) the NOK may show signs of becoming too dependent on the CACO. The following approaches will help to avoid both of these problems.

Establish short, medium and long-term goals. As the situation changes, the purposes and goals of communication between the CACO and NOK also change. Remain flexible, establish interim and final goals, and discuss them with the NOK to facilitate this process. Measuring and acknowledging progress compared to these goals is a useful tool for keeping communication open and reducing frustration.

Identify and discuss milestones and changes. As each milestone is reached, any changes in communication goals and patterns can be identified and discussed. For example, advising the NOK in advance that calls will be decreasing will help to avoid surprises and negative feelings of resentment at being "abandoned."

Involve other resources as needed. In some long-term assignments, ongoing NOK needs will ultimately be passed off to other support services. Planning for and discussing this long-term strategy can be included as part of the mid- and long-term goal setting process.



Navy Gold Star Program: The Navy's official program for providing long-term support to surviving families of Sailors who pass while on Active Duty.

The mission of the Navy Gold Star program is to "Connect with surviving family members of active Duty death through engagement; creating culture of remembrance". This is accomplished through the program's efforts to provide long-term support to the families of those who die on active duty for as long as they desire. The program serves as their link to the Navy as well as the bridge for these families to survivor support resources and other Gold Star members. Program coordinators reach out to Survivors to identify their needs, connect them with resources to meet those needs and follow up to ensure that these needs are met. The program staff are empowered to create opportunities for these families to connect to one another through support groups and social outings as well as to create a culture of remembrance by hosting ceremonies and events that show these families that their loved ones are not forgotten.

Navy Gold Star (NGS) Coordinator: Serves as the long-term support advocate for Survivors and is responsible for service delivery. Coordinators provide, either directly or through appropriate professional resources and referrals; support groups, life skills education, assistance in managing applicable life-long benefits transition milestones and referrals to counseling resources. The Gold Star Coordinator will work closely with the CACO to support not only the family, but the CACO themselves. The Coordinators support their area of responsibility (AOR) which may be geographically larger than others, especially within areas of the country with limited Naval presence

Within 21 days of the loss, the CACO will connect with the assigned NGS coordinator to discuss the case, family dynamics and needs, as well as to establish a transition plan. Whenever possible, the CACO will coordinate an introduction between the Survivor and the assigned NGS Coordinator. NGS coordinators will contact assigned family members 30 days post-loss unless an introduction plan is established or a need to delay has been previously discussed with the assigned CACO.

NGS and CACO will support the family concurrently with their varying needs with the Regional CACO Coordinator making the determination when all applicable elements of the short-term casualty assistance process

(CACO) is verified or properly initiated on behalf of that Survivor. When the CACO has completed all required duties, the case will then be officially transferred to the Navy Gold Star program.

"Close" the assignment. In all CACO assignments that include substantial periods of CACO-NOK interaction, a final call or visit to acknowledge that the assignment is finished is usually beneficial. This action is especially helpful after a long-term assignment. The discussion can be opened with a statement such as "We have reached all of our goals" or "Everything has been completed." A closing statement such as "It has been an honor to serve you" can provide a sense of closure for both the NOK and the CACO.

CACO Completion Report: The NAVPERS 1770/7

The NAVPERS 1770/7 tracks the progress of a CACO case. The initial report is due 30 days after assignment, and interim reports are due every 30 days thereafter. A final report shall be completed when all benefits have been received and the CACO is ready to close out the case.

The CACO may add any comments or recommendations for improvements on this form for review. Be sure to include the number of hours worked on the case.

Forms for the Benefits Visit

- Benefit Claim Forms as Directed by Navy Casualty (PERS-00C)
- NAVPERS 1770/7
- DD 1300, Report of Casualty
- DD 1164, Claim for Reimbursement for Expenditures on Official Business
- Privacy Act Authorization

Forms and Information for the Benefits Visit available at the CACO resource webpage (<http://www.cnic.navy.mil/caco>)

Form Name	Form Number
Summary of VA Dependents' and Survivors' Benefits	VA Pam 21-12-2
A Survivors Guide to Benefits	
Application for Dependency and Indemnity Compensation by a Surviving Spouse or Child	VA 21-534a
Application for Refund of Educational Contributions	VA 24-5281
BAH Non Receipt Letter to DFAS	
Beneficiary Financial Counseling Services for SGLI VGL FSGLI Beneficiaries	
Claim for Death Benefits	SGLV 8283
Claim for Reimbursement for Expenditure on Official Business	SF 1164
Freedom of Information Act Request	
Information Relating to Deceased Participant	TSP-U-17
MGIB Refund Letter	
Personal Effects Extension Letter	
Personal Effects Shipment Request Form	
Post 9 11 GI Bill Fry Scholarship	
Presidential Memorial Certificate (PMC) Fact Sheet	
Presidential Memorial Certificate (PMC) Request Form	VA 40-0247
Request Pertaining to Military Records	SF 180
Social Security Survivor Benefits	
Tricare Survivor Benefits Brochure	
VA Bereavement Counseling webpage	
VA Death Pension Benefits webpage	
VA Dependents Indemnity Compensation (DIC) webpage	
VA Educational Benefits Information	

Case Contact Information for Benefits Visit

Contact Type	Contact Information (Name, Phone, Fax, Email, etc.)
Navy Casualty Benefit Claims	PERS-00Cis available to answer questions regarding SGLI at (800) 368-3202
SGLI/OSGLI	Office of Servicemembers' Group Life Insurance (SGLI) Tel. (800) 419-1473 Main Fax. (800) 236-6142 Claims Fax. (877) 832-4943 http://www.insurance.va.gov/sglisite/sgli/sgli.htm
VA Representative/Office	
Navy Gold Star Coordinator	

Sample Forms

Casualty Assistance Calls Program (NAVPERS 1770/7) (pg. 1 of 3)

CASUALTY ASSISTANCE CALLS PROGRAM

TO: NAVY PERSONNEL COMMAND (PERS-623)		RCS: BUPERS 1770-1	
VIA: CAC/FHS COORDINATOR		DATE: 20150310	
<p>A casualty assistance call was made and assistance rendered as indicated. The next of kin was requested to advise or contact me or my successor on any matter where difficulty is encountered and to advise when all payments for claims, benefits or rights are received. BUPERS and the cognizant CACO Coordinator will be advised when the case is closed. List an asterisk (*) beside any item to indicate the placement of comments in the Remarks Section.</p>			
NAME OF DECEASED: Leroy Q. Sailor		RANK/RATE: GM2	DATE OF DEATH: 20150210
NAME AND RELATIONSHIP OF PERSON BEING ASSISTED: John Q. Sailor (Father)		ADDRESS OF PERSON BEING ASSISTED: 123 Main St. Anytown PA 12356-2564	
DATE BUPERS BENEFITS PACKAGE RECEIVED: 20150225	DATE COMMAND LETTER OF CONDOLENCE/CIRCUMSTANCES RECEIVED: 20150213	DATE AND TIME OF PERSONAL NOTIFICATION: 20150210/0930	
SUBJECT		ACTION (AS APPROPRIATE)	
1. REPORT OF CASUALTY (DD FORM 1300) (FURNISHED TO NEXT OF KIN AND OTHER AGENCIES)		DATE APPLIED FOR	DATE RECEIVED
		N/A	20150225
CLAIMS AND APPLICATIONS SUBMITTED			
2.	BURIAL ENTITLEMENTS: A. NAVY B. SOCIAL SECURITY ADMINISTRATION	20150301	
3.	DEATH GRATUITY	20150211	20150214
4.	UNPAID COMPENSATION (UNPAID PAY AND ALLOWANCES)	20150225	
5.	SURVIVOR BENEFIT PLAN ANNUITY (ALL ACTIVE DUTY DEATHS AND CERTAIN RESERVIST WHILE ON INACTIVE DUTY FOR TRAINING WITH QUALIFIED BENEFICIARIES)		N/A
6.	SERVICEMEMBER'S GROUP LIFE INSURANCE (OSGLI) CLAIM	20150225	
7.	COMMERCIAL LIFE INSURANCE APPLICATION (INDICATE IN REMARKS THE NAME OF THE COMPANY WHICH COMMERCIAL INSURANCE IS CARRIED)		N/A
8.	UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD (DD FORM 1173) (MAY INCLUDE MEDICAL CARE, EXCHANGE AND COMMISSARY PRIVILEGES)		N/A
9.	A. DEPENDENTS' TRAVEL		
	1. FUNERAL TRAVEL (SETTLE AT LOCAL PSD)		N/A
	2. BEDSIDE TRAVEL (SEND TO PERS-623 FOR PAYMENT)		N/A
10.	TRANSPORTATION OF HOUSEHOLD GOODS/PERSONAL EFFECTS	20150309	
11.	SOCIAL SECURITY SURVIVOR BENEFITS (CALL 1-866-777-7887 MON-FRI 7:00 A.M. TO 4:00 P.M. EST TO FILE FOR BENEFITS. HEARING IMPAIRED MAY CALL 1-866-545-7316 TO FILE FOR BENEFITS, SAME HOURS AS ABOVE)		N/A

NAVPERS 1770/7 (Rev. 06-2010)

PAGE 1 OF 3

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PRIVACY SENSITIVE

Sample Forms

Casualty Assistance Calls Program (NAVPERS 1770/7) (pg. 2 of 3)

CASUALTY ASSISTANCE CALLS PROGRAM (CONTINUED)

SUBJECT		ACTION (AS APPROPRIATE)		
		DATE APPLIED FOR	DATE RECEIVED	N/A
12.	FINANCIAL COUNSELING (OSGLI OR OTHER SOURCE)			N/A
13.	THRIFT SAVINGS PLAN REFUND	20150225		
14.	FLAG CASE	20150211		
VETERANS AFFAIRS (VA) BENEFITS				
A. DEPENDENCY AND INDEMNITY COMPENSATION				
15.	1. SPOUSE			N/A
	2. CHILDREN			N/A
	3. PARENTS			N/A
16.	GOVERNMENT HEADSTONE OR MARKER (APPLICATION NOT REQUIRED IF BURIAL IS IN NATIONAL CEMETARY)	20150225		
17.	MONTGOMERY GI BILL (MGIB) AND VETERANS EDUCATIONAL ASSISTANCE PROGRAM (VEAP)	20150225		
18.	PRESIDENTIAL MEMORIAL CERTIFICATE	20150211		
19.	VETERAN'S AFFAIRS (VA) EDUCATIONAL BENEFITS			N/A
ASSISTANCE REQUIRED (INDICATE IN "REMARKS" TO WHOM REFERRED FOR ASSISTANCE)				
20.	GRIEF COUNSELING (SERVICE SUPPORT OR VA)			N/A
21.	INCOME TAX (W-2 FURNISHED DIRECTLY TO NEXT OF KIN BY DFAS WITHOUT REQUEST UPON COMPLETION OF PROCESSING)			N/A
22.	BANK ACCOUNTS, SAVINGS BONDS, SECURITIES, REAL ESTATE, WILL			N/A
INVESTIGATIVE REPORTS REQUEST (AS APPLICABLE)				
23.	JAGMAN INVESTIGATION REPORT			N/A
24.	NCIS INVESTIGATION REPORT			N/A
25.	AIRCRAFT MISHAP INVESTIGATION REPORT			N/A
26.	LINE OF DUTY INVESTIGATION (REQUIRED TO SATISFY ENTITLEMENT TO SBP AND DIC BENEFITS)	20150309		
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL				
SPECIAL REQUEST MADE BY BENEFICIARY:				
ACTION TAKEN BY CACO (I.E., MILEAGE AND MANHOURS SPENT ON CASE):				
ACTION DESIRED BY NPC AS FOLLOWS:				

Sample Forms

Casualty Assistance Calls Program (NAVPERS 1770/7) (pg. 3 of 3)

CASUALTY ASSISTANCE CALLS PROGRAM (CONTINUED)

GENERAL REMARKS (INCLUDE LIAISON AND CONTACTS WITH AGENCIES, INDIVIDUALS AND RELATIVES, COMMENTS, OBSERVATIONS, RECOMMENDATIONS AND COMMENTS OF NEXT OF KIN):
Offered Father both Financial Counseling and Grief Counseling and he declined both.

ADDRESS OF NEXT OF KIN:

NO CHANGE NEW ADDRESS IS:

E-MAIL:

**CACO DSN/COMMERCIAL
PHONE NUMBERS:**

SIGNATURE AND RANK/RATE OF CACO MAKING REPORT: **ACTIVITY TO WHICH ATTACHED:**

FORWARDED TO CAC/FHS PROGRAM MANGER **DATE:**

FIRST ENDORSEMENT

FROM: CAC/FHS PROGRAM MANAGER
TO: NAVY PERSONNEL COMMAND (PERS-623)
1. Forwarded.

DATE:

SIGNATURE:

NAVPERS 1770/7 (Rev. 06-2010)

PAGE 3 OF 3

FOR OFFICIAL USE ONLY-
PRIVACY SENSITIVE

Sample Forms

SGLI Options Letter



DEPARTMENT OF VETERANS AFFAIRS
Regional Office and Insurance Center
P.O. Box 8079
Philadelphia, PA 19101

We are truly sorry for your loss. We know this is a most difficult time in your life, but we want to provide you with the options that are available for you to receive your life insurance payment. Unless the insured designated otherwise, you have four options:

Option A: Alliance Account

This is an account opened for you by the program's primary insurer, The Prudential Insurance Company of America. This account earns interest, and you would be sent a book of drafts (similar to a checkbook). You then have the choice of writing a draft for the entire balance in your account, or you could use drafts to pay any immediate bills and leave the balance in the Alliance Account until you have the opportunity to consider permanent alternatives.

The Alliance Account is not a bank account and is not insured by the FDIC. The Alliance Account is a contractual obligation of Prudential and backed by the financial strength of the company. While the account is not insured by the FDIC, every state has a state guaranty association that is legally obligated to guaranty payment of at least \$250,000, with most states providing \$300,000 in protection, and a few providing protection of up to \$500,000. These associations have met all obligations since they were created 25 years ago.

If you do not decide on a way to receive your insurance payment, you will automatically receive the funds in an Alliance Account.

Option B: Check Mailed to You

A check for the full amount due will be mailed in your name to the address you enter on the Claim for Death Benefits.

Option C: Electronic Funds Transfer

The full amount due will be transferred to the bank account you provide on the Claim for Death Benefits.

Option D: 36 Equal Monthly Installments

You would receive a check each month for the insurance, plus interest, over a period of 36 months.

We strongly urge you to take advantage of the free, independent, third party financial counseling offered through **Beneficiary Financial Counseling Service**. For more information about the counseling service call FinancialPoint® at 1-888-243-7351.

The Casualty Officer assisting you will be able to answer any questions you have, and will help you complete the claim form. If you have questions at a later date please call the Office of Servicemembers' Group Life Insurance at 1-800-419-1473.

Again, please accept our condolences on your loss.

Sincerely,

Department of Veterans Affairs

Ed. 06/2014

Sample Forms

Claim for Death Benefits (SGLV 8283) (pg. 1 of 4)



Prudential

Office of Servicemembers'
Group Life Insurance

HOW TO COMPLETE A CLAIM FOR DEATH BENEFITS*

THIS FORM SHOULD BE USED WHEN THE DECEASED HAD INSURANCE IN FORCE UNDER SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI) OR VETERANS' GROUP LIFE INSURANCE (VGLI).

COMPLETION OF PARTS I THROUGH V

It is important that all requested information be furnished. Omission or incomplete answers will delay settlement of the claim. All information should be typed or printed in ink, except the signature.

- | | |
|-------------------------|--|
| Item 1 | Show full name of the deceased service member or Veteran. |
| Item 2 | Show Social Security Number of deceased. If the deceased did not have a Social Security Number show service number. |
| Item 3 | Show date of death of deceased. |
| Items 4, 5
and 6 | Show branch of service, duty status on date of death (if known), and date of discharge or separation (if known) of deceased. |
| Items 7, 8,
9 and 10 | Show your full name, relationship to deceased, your date of birth, and Social Security Number. |

If you were married to the deceased when he/she died, but were not named as his/her insurance beneficiary, complete items 11A through 14C as applicable.

If you were not married to the deceased when he/she died and were not specifically named as his/her insurance beneficiary, complete Part II through 15D. Be sure to provide the required information as to the deceased's marital status and any children. In items 15A through 15D give the information about persons indicated in the answers to the preceding questions. Use a separate signed sheet if necessary.

Complete Part III if you were not named as the insurance beneficiary, were not married to the deceased at his/her death, and are not a parent of the deceased.

Parts IV and V must be completed by all claimants.

PAYMENT OF DEATH BENEFITS

SGLI and VGLI death benefit payments must be made in the following order:

- To the beneficiary named in writing by the insured; if none, the insurance is payable to
- the widow or widower of the insured; if none, it is payable to
- the child or children in equal shares with the share of any deceased child distributed among the descendants of that child; if none, it is payable to
- parent(s) in equal shares; if none, it is payable to
- a duly appointed executor or administrator of the insured's estate, and if none, to
- other next of kin.

EVIDENCE REQUIRED

If the deceased died while on active duty, or while a member of a Reserve or National Guard Unit, the Office of Servicemembers' Group Life Insurance will be furnished with proof of death by the Uniformed Service. In all other situations, the claimant must submit a certified copy of the Certificate of Death.

Members performing duty on a full-time basis, usually over 30 days, and qualified members of the Ready Reserve are insured for 120 days following separation. Members totally disabled at separation may be insured for up to two years following separation as long as total disability continues. If the insured died while covered following separation from service, the claimant must also submit a copy of a report of separation, DD 214.

You will be informed if it becomes necessary to submit other evidence.

* Contact your nearest Department of Veterans Affairs Office if you need assistance with completing this claim form.

Sample Forms

Claim for Death Benefits (SGLV 8283) (pg. 2 of 4)



OSGLI USE ONLY	CLAIM FOR DEATH BENEFITS Servicemembers' Group Life Insurance Veterans' Group Life Insurance	RETURN COMPLETED FORM TO:	The Prudential Insurance Company of America Office of Servicemembers' Group Life Insurance 80 Livingston Avenue Roseland, NJ 07068-1733
Note: This form is not to be used for National Service Life Insurance (NSLI) Policy Numbers Prefixed by V, H, RH, RS, W, J, JR and JS or United States Government Life Insurance (USGLI) Policy Numbers Prefixed by K			
PART I - Information of Deceased and Claimant			
1. Name of deceased (first middle last) Leroy Quincy Sailor		2. Social Security Number 123-45-6789	3. Date of death 02/15/2015
4. Branch of service USN	5. Duty status on date of death (if known) <input checked="" type="checkbox"/> Active Duty <input type="checkbox"/> Discharged or Separated <input type="checkbox"/> Drilling Reservist <input type="checkbox"/> Individual Reservist Ready		6. If discharged or separated, give date (if known) (month day year)
7. Your name (first middle last) John Quincy Sailor	8. Your relationship to the deceased Father	9. Your date of birth (month day year) 03/28/1951	10. Your Social Security Number 123-45-7894
If you are the widow or widower of deceased complete items 11A through 14C			
11A. Date of marriage (month day year)	11B. Place of marriage (City & State)	12. Did the marriage continue until date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13A. Did deceased have any previous marriages? (If yes, complete 13B & 13C) <input type="checkbox"/> Yes <input type="checkbox"/> No	13B. Previous marriage terminated by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce	13C. Date previous marriage terminated (if divorced within last 5 years, attach copy of the divorce decree).	
14A. Did you have any previous marriages? (If yes, complete 14B & 14C) <input type="checkbox"/> Yes <input type="checkbox"/> No	14B. Previous marriage terminated by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce	14C. Date previous marriage terminated (if divorced within last 5 years, attach copy of the divorce decree).	
PART II - Information concerning the next of kin of the deceased			
If you are not the named beneficiary, widow, or widower of the deceased, complete Parts II and III			
In the table below, list the name, age, relationship, and address of:			
(a) Widow or widower <input type="checkbox"/> None If none, was insured ever married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did marriage terminate by: Divorce (mm dd yyyy) _____ Death (mm dd yyyy) _____			
(b) If there is no surviving widow or widower, list all the children of the deceased. Include any adopted child or illegitimate child and indicate each child's status. List the descendants of any deceased child or children. If no children, check box: <input type="checkbox"/>			
(c) If there are no children or descendants of children, list the surviving parent or parents. Is the father deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the mother deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(d) If there are no survivors within the degrees indicated in (a) through (c), list below the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers or sisters, etc.).			
15A. Name	15B. Age	15C. Relationship to deceased	15D. Address
Complete items 16 and 17 ONLY if any of the persons listed above are under the age of 21.			
16. Name and address of guardian for any minor children listed above if one has been appointed by the court. (Attach copy of appointment paper issued by court.)		17. If a guardian has not been appointed, will one be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Sample Forms

Claim for Death Benefits (SGLV 8283) (pg. 3 of 4)



Name of Deceased:

SSN of Deceased:

PART III - Information concerning the estate of the deceased

18. Name and address of the executor or administrator, if any, appointed by the court to settle the estate of the deceased.

19. If an executor has not been appointed, will one be appointed?
 Yes No

PART IV - Method of Payment

I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. In the event the insured has not previously elected 36 monthly installments, my preferred method of payment is:

- Lump Sum – Alliance Account®
- Lump Sum – Check
- Lump Sum – Electronic Funds Transfer (EFT) – Please complete your banking information below.
- 36 equal monthly payments

Payment will be made by the Alliance Account® if no option is selected.

For EFT only – Please provide your banking information below to have the benefit paid by Electronic Funds Transfer.

Bank Routing Number:

Bank Account Number:

Bank Name:

Bank Phone Number:

First Name:

MI:

Last Name:

Checking
 Savings

Sample Check

Customer's Name Street Address City, State, Zip

Check No. 1234

PAY TO THE ORDER OF _____ \$ _____ Dollars

Bank Name Street Address City, State, Zip

⑆ 223207349 ⑆ 00123012201234⑆ 1234

Bank Routing Number Bank Account Number Check Number (not needed)

The **bank routing number** is always 9 digits and appears between the ⑆ symbols

The **bank account number** varies in length and may contain dashes or spaces. The ⑆ symbol indicates the end of the account number.

If I have selected payment by Electronic Funds Transfer, I authorize The Prudential Insurance Company of America to make an electronic fund deposit to my account. I understand that any deposit made to an inactive account will be returned to Prudential and issued as a manual check.

The Bank of New York Mellon is the Administrator 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. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

Sample Forms

Claim for Death Benefits (SGLV 8283) (pg. 4 of 4)



Prudential

Office of Servicemembers'
Group Life Insurance

Name of Deceased:

SSN of Deceased:

PART V - Certification by claimant

I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief and that no evidence necessary to a settlement of this claim is suppressed or withheld.

20. Signature of claimant (Do not print)	21. Address (Number and Street, Apt. No., City, State, ZIP Code)	22. Date
	123 Main St, Anytown PA 12345-8596	03-10-2015
		23. Phone (444) 444-4444

WARNING — Any intentionally false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001)

ABOUT THE ALLIANCE ACCOUNT

1. The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily, and credited every month. The interest rate may change and will vary over time subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support at (877) 255-4262.
2. The interest rate credited to the Alliance Account is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short term demand deposit accounts, bank money market rates and Federal Reserve Interest rates) and may be more or less than the rate Prudential earns on the funds in the account.
3. An Alliance Account is an interest bearing draft account established in the beneficiary's name with a draft book. The beneficiary can write drafts for any amount up to the full amount of the proceeds. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.
4. **The funds in your Alliance Account are available immediately.** Simply use the enclosed drafts to access the account anytime you wish. You can write a draft to yourself (which you can cash or deposit at your own bank) or write a draft to another person or to any business as you need your funds.
5. Alliance Account funds are part of Prudential's General Account and are backed by the financial strength of The Prudential Insurance Company of America which has been in business and serving its customers for over 130 years. **The Alliance Account is not a bank account or a bank product, and therefore, is not FDIC insured.**
6. Accountholders cannot make deposits into an Alliance Account. Only eligible payments from other Prudential insurance policies or contracts may be added to the Alliance Account.
7. You can access the money immediately by using the draft book you will receive. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.

The Bank of New York Mellon is the Administrator 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. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

Sample Forms

Presidential Memorial Certificate Request (VA Form 40-0247)

Form Approved, OMB No. 2900-0567
 Expiration Date: July, 2017
 Respondent Burden: 2 Minutes

Department of Veterans Affairs		PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM	
<p>RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average two minutes per response. Statutory authority for the Presidential Memorial Certificate (PMC) Program is 38 U.S.C. 112. The information requested is approved under OMB Control Number 2900-0567, and is necessary to allow eligible recipients (next of kin, other relatives or friends) to request additional certificates and/or replacement or correct certificates on receipt of the original PMC.</p> <p>The National Cemetery Administration does not give, sell or transfer any personal information outside of the agency. VA may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Responding to this collection is voluntary. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005G2), 810 Vermont Avenue NW, Washington, DC 20420. SEND COMMENTS ONLY. Please do not send applications for benefits to this address.</p>			
<p>INSTRUCTIONS: When inserting the veterans name below, DO NOT include nickname, military rank, or civilian title. Complete a new VA Form 40-0247 for each additional name and/or mailing address.</p>			
NAME OF VETERAN		NAME AND MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE	
Leroy Q. Sailor		John Q. Sailor	
NUMBER OF CERTIFICATES REQUESTED	HOME OR WORK TELEPHONE NUMBER <i>(Include area code and do not insert spaces between numbers)</i>	123 Main St	
10	(444) 558-5969	Anytown, PA 12345-6989	
<p>CERTIFICATION: I certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.</p> <p>PENALTY: The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any benefit to which you are not entitled.</p>			
SIGNATURE OF REQUESTOR			
MILITARY DOCUMENTS MUST BE RETURNED WITH THIS FORM. PLEASE SEND THE DOCUMENTS AND SIGNED FORM TO:			
Presidential Memorial Certificates (41B3) National Cemetery Administration 5109 Russell Road Quantico, VA 22134-3903		Fax To: 1 (800) 455-7143 Or	

VA FORM 40-0247 ALL VERSIONS OF THIS FORM DATED BEFORE MAY 2013 WILL NOT BE ACCEPTED OR PROCESSED.
 AUG 2014

Sample Forms

Application for Dependency and Indemnity Compensation (VA Form 21-534a) (pg. 1 of 2)

OMB Approved No. 2900-0004
 Respondent Burden: 15 Minutes
 Expiration Date: 1/31/2015

Department of Veterans Affairs				
APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION BY A SURVIVING SPOUSE OR CHILD - IN-SERVICE DEATH ONLY				
Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by VA.				
Respondent Burden: We need this information to determine eligibility for service connected death benefits under 38 U.S.C. 1310 through 1314. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.				
1. VETERAN'S FIRST - MIDDLE - LAST NAME JOHN Q DOE		2. VETERAN'S SOCIAL SECURITY NO. 123-45-6789		
3. CLAIMANT'S FIRST - MIDDLE - LAST NAME JANE Q DOE		4. CLAIMANT'S SOCIAL SECURITY NO. 123-45-6789		
NOTE: When you file this application, you are telling us that you elect to receive Dependency and Indemnity Compensation (DIC) and all other service-connected death benefits to which you and/or the deceased veteran's children may be entitled.				
5. FOR SURVIVING SPOUSE ONLY: If not, answer Item 6. I <input checked="" type="checkbox"/> have <input type="checkbox"/> have not lived continuously with the veteran from date of marriage to date of death.				
6. CAUSE OF SEPARATION (Give reason, date of separation, and duration of separation. If separation was by Court order, attach a copy of such order.)				7. DATE OF BIRTH OF SURVIVING SPOUSE (Mo., Day, Yr.) 02/20/2015
8. CHILDREN OF THE DECEASED VETERAN (Natural, Step or Adopted) IN MY CUSTODY				
FULL NAME	DATE OF BIRTH (Mo., Day, Yr.)	SOCIAL SECURITY NUMBER	PLACE OF BIRTH (City and State)	RELATIONSHIP TO CLAIMANT
LAST NAME, FIRST NAME MI	02/20/2015	123-45-6789	NORFOLK, VA	SON
LAST NAME, FIRST NAME MI	02/20/2015	123-45-6789	NORFOLK VA	DAUGHTER
9. CLAIMANT'S CURRENT MAILING ADDRESS 123 MAIN STREET NORFOLK VA 23503				
10. CLAIMANT'S TELEPHONE NUMBERS (Including Area Code)		11. I <input type="checkbox"/> will <input type="checkbox"/> will not be changing my address.		
DAYTIME (757) 123-4567	EVENING (757) 123-4567			
12. CLAIMANT'S NEW ADDRESS			13. DATE OF ADDRESS CHANGE	
14. I <input checked="" type="checkbox"/> want <input type="checkbox"/> do not want my VA payment to be directly deposited to my financial account.				
15. ACCOUNT				
<input type="checkbox"/> CHECKING		ACCOUNT NUMBER 1111111111		
<input type="checkbox"/> SAVING		FINANCIAL INSTITUTION'S NINE-DIGIT ROUTING OR TRANSIT NUMBER 123456789		
I CERTIFY THAT the foregoing statements are true and complete to the best of my knowledge and belief.				
16. SIGNATURE OF CLAIMANT			17. DATE SIGNED 02/20/2015	
18. NAME AND RANK OF MILITARY CASUALTY ASSISTANCE OFFICER (CAO) CMDR JOHN DOE		19. TELEPHONE NUMBER OF CAO (757) 123-4567	20. E-MAIL ADDRESS OF CAO JOHN.DOE@NAVY.MIL	
PENALTY - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.				

VA FORM JUN 2014 **21-534a**

SUPERSEDES VA FORM 21-534A, OCT 2011, WHICH WILL NOT BE USED.

Page 1

Sample Forms

Application for Dependency and Indemnity Compensation (VA Form 21-534a) (pg. 2 of 2)

INSTRUCTIONS FOR VA FORM 21-534a

PRINT ALL ANSWERS CLEARLY.

SIGN AND DATE THE APPLICATION.

MAKE A PHOTOCOPY OF THIS APPLICATION AND EVERYTHING YOU SUBMIT TO VA BEFORE YOU MAIL IT.

NOTE - All the information requested must be answered fully and clearly or action on your claim may be delayed. If you do not know the answer, write "unknown."

SPECIFIC INSTRUCTIONS

ITEMS 1-2 - Self-explanatory.

ITEM 3 - Name of surviving spouse or person applying on behalf of minor children.

ITEMS 4-12 - Self-explanatory.

ITEM 13 - Expected date that new mailing address will be effective.

ITEMS 14-17 - Self-explanatory.

ITEMS 18-20 - To be completed by Military Casualty Assistance Officer.

MINORS AND INCOMPETENT PERSONS - If the person for whom the claim is being made is a minor or incompetent person, the application should be completed and filed by the legal guardian. If no legal guardian has been appointed, it may be completed and filed by some person acting on behalf of the minor or incompetent person.

IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

THIS FORM, ALONG WITH THE SERVICEMEMBER'S DD FORM 1300, REPORT OF CASUALTY, SHOULD BE MAILED OR FAXED TO:

**DEPARTMENT OF VETERANS AFFAIRS
REGIONAL OFFICE AND INSURANCE CENTER
P.O. BOX 8079
PHILADELPHIA, PA 19101**

FAX NUMBER (215) 381-3084.

For assistance in completing this application, or information about VA benefits and services, call us toll-free at 1-800-827-1000 (Hearing Impaired--TDD Line 1-800-829-4833).

VA FORM
JUN 2014

21-534a

Page 2

Sample Forms

MGIB Refund Request Letter

To: St Louis Regional Processing Center, Department of Veterans Affairs

Re: Montgomery GI Bill/Veterans Educational Assistance Program Death/
Contribution Refund

Attachment: DD Form 1300 (Report of Casualty)

By Fax to: 314-552-9707

Name of Deceased Servicemember LEROY Q SAILOR

Social Security Number of Deceased Servicemember 123-45-6789

My name: JOHN Q SAILOR

Relation to Deceased: FATHER

My address: 123 MAIN ST

ANYTOWN PA

23462-1877

Signature and Date

Sample Forms

Claim for Standard Government Headstone or Marker (VA Form 40-1330) (pg. 1 of 4)

GENERAL INFORMATION SHEET

CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send claims for benefits to this address.

BENEFIT PROVIDED

a. HEADSTONE OR MARKER

Only for Veterans who died on or after November 1, 1990 - Furnished for the grave of any eligible deceased Veteran. Will be provided for placement in private cemeteries regardless of whether or not the grave is already marked with a privately-purchased headstone or marker.

Only for Veterans who died before November 1, 1990 - Furnished for the UNMARKED GRAVE of any eligible deceased Veteran. The applicant must certify the grave is unmarked. For Veterans that served prior to World War I, a grave is considered marked when a headstone/marker displays the decedent's name only, or if the name was historically documented in a related document, such as by a number that is inscribed on a grave block and is recorded in a burial ledger. For service during and after World War I, a grave is considered marked if a headstone/marker displays the decedent's name and date of birth and/or death, even though the Veteran's military data is not shown.

b. MEMORIAL HEADSTONE OR MARKER - Furnished for placement in a cemetery only to commemorate a deceased eligible Veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered. May not be used as a memento. Check box in block 28 and explain in block 27.

c. MEDALLION - Eligible Veterans may receive a Government-furnished headstone or marker, or a medallion, but not both. *If requesting a medallion, please use VA Form 40-1330M.*

WHO IS ELIGIBLE - Any deceased Veteran discharged under honorable conditions and any member of the Armed Forces of the United States who dies on active duty. A deceased Veteran discharged under conditions other than honorable may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. **Do not send original documents;** they will not be returned. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

WHO CAN APPLY - Federal regulation defines "applicant" as the decedent's Next-of-Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

HOW TO SUBMIT A CLAIM

FAX claims and supporting documents to 1-800-455-7143.

MAIL claims to: **Memorial Programs Service (41B)**
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

IMPORTANT: If faxing more than one claim - fax each claim package (claim plus supporting documents) individually, i.e., disconnect the call and redial for each submission.

A Government headstone or marker may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.

SIGNATURES REQUIRED - The applicant signs in block 17; the person agreeing to accept delivery (consignee) in block 22, and the cemetery or other responsible official in block 24. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 21 is required. Entries of "None," "Not Applicable," or "NA" cannot be accepted. State Veterans' Cemeteries are not required to complete blocks 17, 18, 22 and 23.

ASSISTANCE NEEDED - If assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim. Use block 27 for any clarification or other information you wish to provide. Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at mps.headstones@va.gov.

TRANSPORTATION AND DELIVERY OF MARKER - The headstone or marker is shipped without charge to the consignee designated in block 19 of the claim. **The delivery will not be made to a Post Office box.** The consignee should be a business with full delivery address and telephone number. If the consignee is not a business explain fully in block 27. For delivery to a Rural Route address, you must include a daytime telephone number including area code in block 20. If you fail to include the required address and telephone number information, we cannot deliver the marker. The Government is not responsible for costs to install the headstone or marker in private cemeteries.

CAUTION - *To avoid delays in the production and delivery of the headstone or marker, please check carefully to be sure you have accurately furnished all required information before faxing or mailing the claim. If inaccurate information is furnished, it may result in an incorrectly inscribed headstone or marker. Headstones and markers furnished remain the property of the United States Government and may not be used for any purpose other than to be placed at an eligible individual's grave or in a memorial section within a cemetery.*

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.

VA FORM
FEB 2014 **40-1330**

ALL PREVIOUS VERSIONS OF THIS FORM WILL BE OBSOLETE ON OCTOBER 1, 2014

Sample Forms

Claim for Standard Government Headstone of Marker (VA Form 40-1330) (pg. 2 of 4)

ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

**UPRIGHT HEADSTONE
WHITE MARBLE OR
LIGHT GRAY GRANITE**



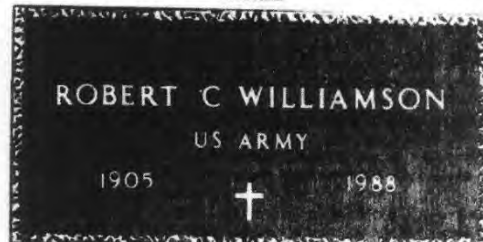
This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

BRONZE NICHE



This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. Used for columbarium or mausoleum interment. Also provided to supplement a privately-purchased headstone or marker for eligible Veterans who died on or after November 1, 1990 and are buried in a private cemetery.

**FLAT MARKERS
BRONZE**



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

LIGHT GRAY GRANITE OR WHITE MARBLE



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

NOTE: Civil War Era headstones - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War, and another for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 27 of the claim. It is necessary to submit detailed documentation that supports eligibility. Inscriptions on these headstone types are intentionally limited to assure historic accuracy. For example, only rank above 'Private' was historically authorized; emblems of belief and the words 'Civil War' are not provided.

INSCRIPTION INFORMATION

MEMORIAL HEADSTONES AND MARKERS (remains not buried). The words "In Memory Of" are mandatory and precede the authorized inscription data. The words "In Memory Of" are only inscribed when remains are not available.

MANDATORY ITEMS of inscription at Government expense are: Legal Name, Branch of Service, Year of Birth, Year of Death, and for State Veterans and National Cemeteries only, the section and grave number. Branches of Service are: U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC), U.S. Coast Guard (USCG), U.S. Army Air Forces (USAAF), and other parent organizations authorized for certain periods of time; and special units such as Women's Army Auxiliary Corps (WAAC), Women's Air Force Service Pilots (WASP), U.S. Public Health Service (USPHS), and National Oceanic & Atmospheric Administration (NOAA). Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability.

OPTIONAL ITEMS are identified on the claim in boxes with bold outlines. These items may be included at Government expense if desired. Optional items include month and day of birth in block 5A, month and day of death in block 5B, highest rank attained in block 7, awards in block 9, war service in block 10, and emblem of belief in block 12. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, e.g., Vietnam may be inscribed if the Veteran served during the Vietnam War period, even though the individual never served in the country. Supporting documentation must be included with the claim if you wish to include the highest rank and/or awards.

ADDITIONAL ITEMS may be inscribed at Government expense if they are requested on the initial claim and space is available. Examples of additional items include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. All requests for additional inscription items should be stated in block 27, and are subject to VA approval. No graphics, emblems or pictures are permitted except available emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederates.

RESERVED SPACE for future inscriptions at private expense, such as spousal or dependent data, is allowed if requested in block 27 and if space is available. Only two lines of space may be reserved on flat markers due to space limitations. Reserved space is unnecessary on upright marble or granite headstones as the reverse side is available for future inscriptions.

INCOMPLETE OR INACCURATE INFORMATION ON THE CLAIM MAY RESULT IN ITS RETURN TO THE CLAIMANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.

Sample Forms

Claim for Standard Government Headstone of Marker (VA Form 40-1330) (pg. 3 of 4)

Form approved, OMB No. 2900-0222
 Expiration Date: Feb. 18, 2017
 Respondent Burden: 15 minutes

Department of Veterans Affairs		IMPORTANT: Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. <i>Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION ARE REQUIRED.</i>	
1. FOR VA USE ONLY			
2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED) FIRST (Or Initial) MIDDLE (Or Initial) LAST SUFFIX LEROY QUINCY SAILOR			3. GRAVE IS: <input type="checkbox"/> CURRENTLY MARKED <small>(with privately purchased marker)</small> <input checked="" type="checkbox"/> NOT MARKED
VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)			
4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. SSN: 123456789 OR SVC. NO.:		PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)	
		6A. DATE(S) ENTERED	
		6B. DATE(S) SEPARATED	
5A. DATE OF BIRTH		5B. DATE OF DEATH	
MONTH	DAY	YEAR	MONTH
03	28	1993	02
02	05	2015	2015
7. HIGHEST RANK ATTAINED (No pay grades) GM2		8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7) <input type="checkbox"/> ARMY <input checked="" type="checkbox"/> NAVY <input type="checkbox"/> MARINE <input type="checkbox"/> COAST <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR FORCES <input type="checkbox"/> MERCHANT MARINE <input type="checkbox"/> OTHER (Specify)	
9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided) MEDAL OF HONOR DST SVC NAVY CROSS AIR FORCE CROSS SILVER STAR BRONZE STAR PURPLE HEART OTHER (Specify)		10. WAR SERVICE (Check applicable box(es)) <input type="checkbox"/> WORLD WAR II <input type="checkbox"/> KOREA <input type="checkbox"/> VIETNAM <input type="checkbox"/> PERSIAN GULF <input type="checkbox"/> OTHER (Specify)	
11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one) <input type="checkbox"/> FLAT BRONZE <input type="checkbox"/> FLAT GRANITE <input checked="" type="checkbox"/> UPRIGHT MARBLE <input type="checkbox"/> FLAT MARBLE <input type="checkbox"/> BRONZE NICHE <input type="checkbox"/> UPRIGHT GRANITE		12. DESIRED EMBLEM OF BELIEF <input type="checkbox"/> NONE <input checked="" type="checkbox"/> 29 <small>(Specify (See reverse side of this form for available emblems))</small>	
13A. NAME AND MAILING ADDRESS OF APPLICANT <small>(No., Street, City, State, and ZIP Code)</small> 123 MAIN ST ANYTOWN PA 12345-6548		13B. DAYTIME PHONE NO. OF APPLICANT 444-682-3121	
		14. E-MAIL ADDRESS (Optional) JOHN.SAILOR@YAHOO.COM	
		15. FAX NO. (Optional)	
16. ARE YOU: <input checked="" type="checkbox"/> NEXT OF KIN (Specify relationship) <u>FATHER</u> <input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDENT (Include Written Authorization) <input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN (Include Written Authorization)			
CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.			
PENALTY: The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any benefit to which you are not entitled.			
17. SIGNATURE OF APPLICANT 		18. DATE (MM/DD/YYYY) 02/15/2015	
19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code); P.O. BOX IS NOT ACCEPTABLE ANY CEMETERY 123 Cemetery Road ANYTOWN PA 23061-5424		20. DAYTIME PHONE NO. (Include Area Code) 444-218-6222	
		21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code) ANY CEMETERY 123 Cemetery Road ANYTOWN PA 23061-5424	
CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker.			
22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19 CEMETERY DIRECTOR C. Director			23. DATE (MM/DD/YYYY) 02/15/2015
CERTIFICATION: By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.			
24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL C. Director C. Director		25. DAYTIME PHONE NO. (Include Area Code) 444-218-6222	
		26. DATE (MM/DD/YYYY) 02/15/2015	
27. REMARKS (Additional inscription space will vary in size according to the type of marker)			
28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., buried at sea, remains scattered, etc.) <input type="checkbox"/> REMAINS NOT BURIED			
		29. SECTION/GRAVE NO. (State Cemetery Only)	

VA FORM FEB 2014 **40-1330**

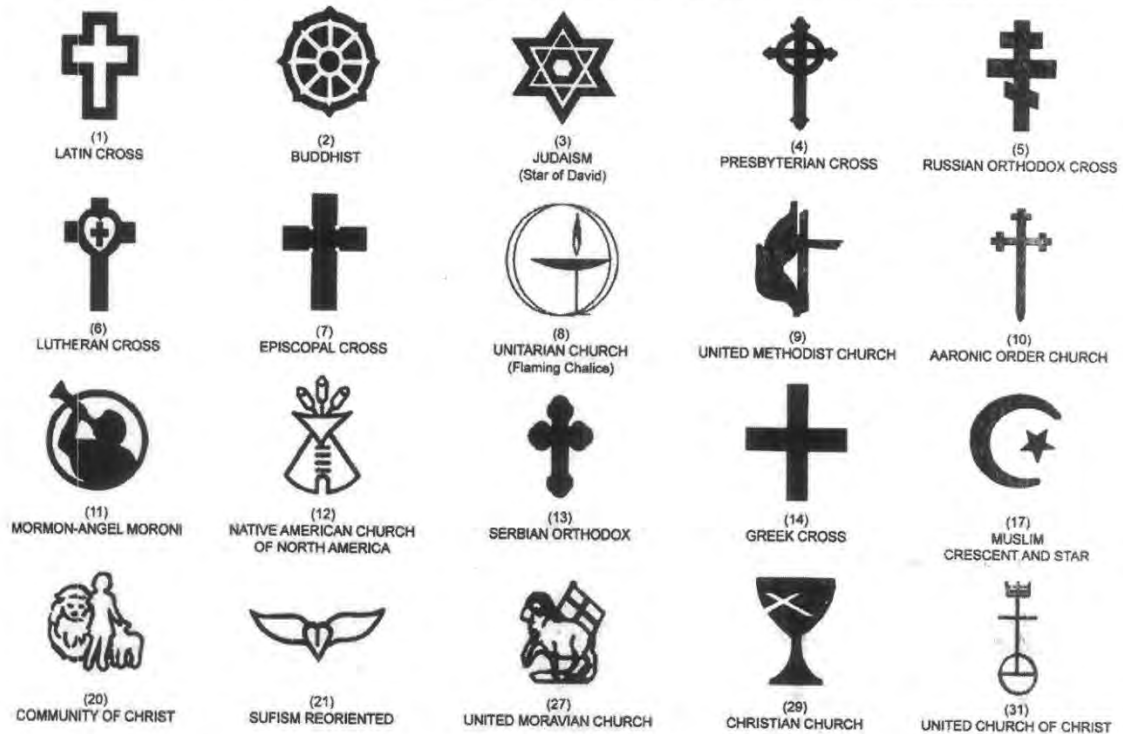
CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER
 ALL PREVIOUS VERSIONS OF THIS FORM WILL BE OBSOLETE ON OCTOBER 1, 2014

Sample Forms

Claim for Standard Government Headstone of Marker (VA Form 40-1330) (pg. 4 of 4)

AVAILABLE EMBLEMS (See block 12)

The graphics shown below are of 20 representative emblems of belief for placement on Government-furnished headstones/markers.



EMBLEMS OF BELIEF AVAILABLE:

- LATIN CROSS (01)
- BUDDHIST (Wheel of Righteousness) (02)
- JUDAISM (Star of David) (03)
- PRESBYTERIAN CROSS (04)
- RUSSIAN ORTHODOX CROSS (05)
- LUTHERAN CROSS (06)
- EPISCOPAL CROSS (07)
- UNITARIAN CHURCH (Flaming Chalice) (08)
- UNITED METHODIST CHURCH (09)
- AARONIC ORDER CHURCH (10)
- MORMON (Angel Moroni) (11)
- NATIVE AMERICAN CHURCH OF NORTH AMERICA (12)
- SERBIAN ORTHODOX (13)
- GREEK CROSS (14)
- BAHAI (9 Pointed Star) (15)
- ATHEIST (16)
- MUSLIM (Crescent and Star) (17)
- HINDU (18)
- KONKO-KYO FAITH (19)
- COMMUNITY OF CHRIST (20)
- SUFISM REORIENTED (21)
- TENRIKYO CHURCH (22)
- SIECHO-NO-IE (23)
- THE CHURCH OF WORLD MESSIANITY (Izunome) (24)
- UNITED CHURCH OF RELIGIOUS SCIENCE (25)
- CHRISTIAN REFORMED CHURCH (26)
- UNITED MORAVIAN CHURCH (27)
- ECKANKAR (28)
- CHRISTIAN CHURCH (29)
- CHRISTIAN & MISSIONARY ALLIANCE (30)
- UNITED CHURCH OF CHRIST (31)
- HUMANIST (AMERICAN HUMANIST ASSOCIATION) (32)
- PRESBYTERIAN CHURCH (USA) (33)
- IZUMO TAISHAKYO MISSION OF HAWAII (34)
- SOKA GAKKAI INTERNATIONAL - USA (35)
- SIKH (KHANDA) (36)
- WICCAN (37)
- LUTHERAN CHURCH MISSOURI SYNOD (38)
- NEW APOSTOLIC CHURCH (39)
- SEVENTH DAY ADVENTIST CHURCH (40)
- CELTIC CROSS (41)
- ARMENIAN CROSS (42)
- FAROHAR (43)
- MESSIANIC JEWISH (44)
- KOHEN HANDS (45)
- CATHOLIC CELTIC CROSS (46)
- THE FIRST CHURCH OF CHRIST, SCIENTIST (Cross and Crown) (47)
- MEDICINE WHEEL (48)
- INFINITY (49)
- LUTHER ROSE (51)
- LANDING EAGLE (52)
- FOUR DIRECTIONS (53)
- CHURCH OF NAZARENE (54)
- HAMMER OF THOR (55)
- UNIFICATION CHURCH (56)
- SANDHILL CRANE (57)
- MUSLIM (Islamic 5 Pointed Star) (98)

To obtain the most recent information about headstones and markers including the complete and most current list of available emblems of belief (listing all names and graphics), please visit our website at www.cem.va.gov. You may also request a copy of this list by contacting our Applicant Assistance Unit toll free at 1-800-697-6947, or via e-mail at: mps.headstones@va.gov.

VA FORM 40-1330, FEB 2014

Final Issues of Note

Religious Issues: Brief summaries of various religious traditions regarding death are included on the CACO website (www.cnic.navy.mil/CACO). CACOs should review the material on their own and understand that they could encounter a variety of religious issues while working on a case. A CACO should always attempt to bring a chaplain along when notifying NOK of a casualty.

Organizing a Case File: As stated at the beginning of the training, organization is one of the two keys to success as a CACO (communication is the other). Keep copies of everything in a well-organized file. Keep all of your CACO materials together in an easy-to-access place so that when you are assigned a case you can easily and efficiently accomplish the necessary tasks.

Dealing with Knowledge Attrition: It is possible to be assigned a case within just a few days of taking this training, but it is also possible it could be a few months. It is normal for there to be some knowledge attrition between now and the time a case is assigned. The CACO website (www.cnic.navy.mil/CACO) contains all forms and resources. The CACO Checklist that has been used at the start of each module is included on the CACO website (www.cnic.navy.mil/CACO), and reviewing that periodically will help keep you ready for a case assignment.

CACO Refresher Training: Trained CACOs have annual SIMmersions training requirements via Joint Knowledge Online (JKO) at <https://jkodirect.jten.mil/Atlas2/faces/page/login/Login.seam>.

CACOs will need to create a JKO account prior to course enrollment. The three required SIMmersions training course numbers and titles are: (1) OSD-SIMM01 - Casualty Notification Training; (2) OSD-SIMM02 - Casualty Assistance First Visit Training; and (3) OSD-SIMM03 - Casualty Assistance Benefits and Entitlement Training.

(1) OSD-SIMM01 - Casualty Notification Training - The purpose of the course is to provide an interactive training to Casualty Notification Officers within the Military Departments and the U.S. Coast Guard. This training was directed in the NDAA 2014 to provide standardized training across the Department. The course has three primary learning objectives to develop Compassion, Knowledge, and Professionalism when making initial notification of a death to the next of kin;

(2) OSD-SIMM02 – Casualty Assistance First Visit Training - The purpose of the course is to provide an interactive training to Casualty Assistance Officers within the Military Departments and the U.S. Coast Guard. This training was directed in the NDAA 2014 to provide standardized training across the Department. The course has three primary learning objectives to develop Compassion, Knowledge, and Professionalism while providing casualty assistance;

and (3) OSD-SIMM03 - Casualty Assistance Benefits and Entitlement Training - The purpose of the course is to provide an interactive training to Casualty Assistance Officers within the Military Departments and the U.S. Coast Guard. This training was directed in the NDAA 2014 to provide standardized training across the Department. The course has three primary learning objectives to develop Compassion, Knowledge, and Professionalism while providing casualty assistance on benefits and entitlements.

Terminology Review

Match the terms with the correct definition.

_____ 1. Dependency and Indemnity Compensation (DIC)

_____ 2. Dependents' Educational Assistance (DEA)

_____ 3. Freedom of Information Act (FOIA)

_____ 4. Montgomery GI Bill (MGIB) Refund

_____ 5. Person Eligible to Receive Personal Effects (PERE)

_____ 6. Personal Effects

_____ 7. Servicemembers' Group Life Insurance (SGLI)

_____ 8. Thrift Savings Plan (TSP)

_____ 9. Tragedy Assistance Program for Survivors (TAPS)

_____ 10. Traumatic SGLI (TSGLI)

_____ 11. Fry Scholarship

_____ 12. Navy Gold Star Program

_____ 13. Gold Star Coordinator

A. This legislation gives citizens the right to get information about the governance, actions, decisions and past records which are not confidential and not affecting the security of the nation, required by them from the authorities. For casualty investigations, a request form must be submitted to obtain certain records.

B. Articles owned by an individual, as well as any articles of government property in his/her temporary custody.

C. A rider to Servicemembers' Group Life Insurance that provides for payment to service members who are severely injured (on or off duty) as the result of a traumatic event and suffer a loss that qualifies for payment. Payments range from \$25,000 to \$100,000 based on the qualifying loss suffered.

D. The Navy's official program for providing long-term support to surviving families of Sailors who pass while on Active Duty

E. A tax-free monthly benefit authorized for unremarried spouses and eligible children of members who died on active duty or died following active duty from a service connected disability. Benefit amounts change from year to year and are available on the Department of Veterans Affairs website.

F. A program of low-cost group life insurance for qualifying service members.

G. A 24/7 tragedy assistance resource for anyone who has suffered the loss of a military loved one, regardless of the relationship to the deceased or the circumstance of the death.

H. Provides Post-9/11 GI Bill benefits to the children and surviving spouses of Servicemembers who died in the line of duty while on active duty after September 10, 2001. Eligible beneficiaries attending school may receive up to 36 months of benefits at the 100% level.

I. Provides education and training opportunities to eligible dependents of certain veterans. The program offers up to 45 months of education benefits which may be used for degree and certificate programs, apprenticeships, and on-the-job training.

J. Provides up to 36 months of education benefits to eligible veterans for qualified education expenses. Members contribute \$1,200 during their first year of active duty. If the benefit is unused by a deceased member, the unused portion of the payment is reimbursed to the designated beneficiary.

K. A retirement savings program for civilians and members of the armed forces who are employed by the United States federal government.

L. Serves as the long-term support advocate for Survivors and is responsible for service delivery. Works closely with the CACO. Provides, either directly or through appropriate professional resources; support groups, life skills education, assistance in managing applicable life-long benefits transition milestones and referrals to counseling resources.

M. The person eligible to receive the personal effects of a deceased military member or civilian employee.

Module 5: Capstone Case Studies and Conclusion



Module Learning Objectives:

- Given a case study scenario, the learner will demonstrate appropriate overall understanding of the CACO process, roles and responsibilities.

Case Study Group Presentations

Your group is to prepare a five- to seven-minute presentation on your case study. Choose a spokesperson to present the information. You will have five minutes to present your case. The presentation should include the following:

1. Read the scenario to the class.
2. Discuss two or three things that are unique to your case and that the rest of the class will benefit from learning about (“lessons learned”). Be prepared to state the issue, the steps taken, and why your group feels these two or three issues are worth mentioning

Case Study One: ENS Stella Douglas

ENS Stella Douglas is stationed on the USS CARNEY presently at sea off the coast of Florida. ENS Douglas was washed overboard and is reported as DUSTWUN.

ENS Douglas has two minor sons (age 3 and 2) and they are currently residing with ENS Douglas' in-laws in Richmond, Virginia. Her husband died two years ago, she has a brother in the Marine Corps stationed in Washington state and a sister in the Army stationed in Virginia.

You are the CACO for her parents in Miami, Florida and you are in receipt of the DUSTWUN PCR, Page 2 and SGLI Election Form. The SGLI designation names the two minor children as beneficiaries, Unpaid Pay and Allowances (UPPA) is designated to her mother and Death Gratuity to the two minor children (equally). The PADD as listed on the Page 2 is a friend of ENS Douglas who is a 29 year old civilian male who lives in Mayport, FL.

AS A TEAM, DO THE FOLLOWING:

Module Two

1. Who is the PNOK and what actions would you take to notify the PNOK?
2. The parents want ENS Douglas' brother and sister notified. What role do you play in the notification?
3. What additional information do you need to gather since this case involves an officer?
4. How long can the Commanding Officer of the USS CARNEY keep ENS Douglas in a DUSTWUN status and how often do updates to the DUSTWUN PCR need to be done?
5. Eight days after the initial notification ENS Douglas is declared "deceased". Her remains were not recovered. What do you do?
6. How do you arrange for the payment of the Death Gratuity (DG)?

Module Three

7. What arrangements do you do to get the Disposition of Remains Form filled out?
8. The command is having a Command Sponsored Memorial at the Chapel on Naval Station Mayport, Florida. What form is required to be submitted and to whom and what is your involvement in this procedure as the CACO?
9. How do you as the CACO coordinate funeral travel and who is eligible for the NOK that you are assigned? The funeral is being held in Brianca Cemetery, Miami, Florida.
10. What are your responsibilities for attending the funeral in Miami, Florida?

Module Four

11. How do you arrange for the payment of the SGLI for the two minor children?
12. The parents want ENS Douglas' vehicle shipped to them. It is located in a commercial facility close to the ship's home port in Mayport, Florida. What steps are required to accommodate this request? Who is responsible for these steps?
13. There is a house full of furniture in the house that ENS Douglas is renting which belongs to her. Her parents want the furniture placed into a temporary storage unit until they decide what to do with it. How do you help the command representative accomplish this request?

Case Study Two: LT Robert Brown

LT Robert Brown is shot while on liberty in Yokosuka, Japan and is pronounced dead on the scene of the crime. LT Brown is survived by his wife and two daughters, age 8 and 6 years, who reside in your local area. He is also survived by his parents who reside in San Diego, California.

You are assigned as the CACO for the PNOK and receive the PCR, Page 2 and SGLI Election form at 1400 local. The wife is receiving Death Gratuity, SGLI, and Unpaid pay and allowances and is listed as the PADD. The case has been picked up by the local media.

AS A TEAM, DO THE FOLLOWING:

Module Two

1. Outline the procedures you would follow to notify the PNOK.
2. When you knock on the PNOK's door you discover that the wife speaks no English and you realize that she is Japanese. She quickly starts to panic. Explain how you would handle the situation-how would you notify her? What will you do about the children?
3. What forms must be completed during the Notification Visit?
4. Describe the procedures you would follow for the payment of the Death Gratuity (DG)?

Module Three

5. The PADD is leaning toward burial in a national cemetery in the Houston area and is undecided as to what option to select on the Disposition of Remains Form (DISPO). Describe how you would assist the PADD in making a decision on funeral arrangements. What counseling or allowable funeral expenses would you provide? Who would you advise of the PADD's decision?

Module Four

6. Who is eligible to receive the personal effects? There is no will in place. Describe the process you would follow to facilitate the return of the deceased service member's personal effects, including those on his person?
7. The wife would like copies of all investigations. How would you assist her in obtaining these?
8. Describe how to assist the wife in applying for her benefits?
9. When do you submit the initial NAVPERS 1770/7?
10. The wife receives the Death Gratuity (\$100,000 tax free) and the SGLI \$400,000 tax free). She has also received \$600,000 (tax-free) from a commercial life insurance policy that LT Brown had set up 4 years ago. The wife tells you that her husband made all of their investment decisions and has no idea what to do with the money. What is your response to her?

Case Study Three: HN Joseph Hamilton

HN Joseph Hamilton, stationed with 1st MARDIV, Camp Pendleton, California was deployed to a unit in Afghanistan. He died from a gunshot wound that went thru his chest and killed him immediately. Survivors include his wife of one year and a son who is two months old. The wife and son reside in the local military housing complex and the member's parents live in Orlando, Florida. The wife is designated to receive the Death Gratuity, Unpaid Pay and Allowances and SGLI. There is no indication on the Page 2 as to who is the Person Authorized to Direct Disposition.

You have been assigned as the CACO for the PNOK and arrive at the PNOK's residence at 1300.

AS A TEAM, DO THE FOLLOWING:

Module Two

1. The PNOK is not at home when you arrive. Outline the procedures that you would follow to locate the PNOK and once located what would you say to the PNOK?
2. What paperwork needs to be completed on the notification visit?
3. The PNOK states that she has immediate needs/financial assistance (the baby needs diapers and formula). What resources are available to assist the PNOK? Describe how you would proceed with the arrangement for the payment of the Death Gratuity?
4. You have discussed the Dignified Transfer Ceremony and she and her son want to attend along with you as the CACO and the service member's parents. How will you assist her with travel arrangements? What about for the parents?
5. HN Hamilton's name and cause of death have been noted by the media. Additionally, the spouse and some family members have posted information on Facebook. What will you do when the media contacts the spouse?

Module Three

6. The PNOK/PADD is unsure whether she wants the Navy to do the primary care. What explanation do you provide?
7. During the second visit, the PNOK indicates that she desires to have her husband's burial in a national cemetery in San Diego, California. How would you set up the funeral honors? Describe how you would arrange the travel for the spouse and 2 year old son? What about for her parents who live in Los Angeles, California? What about for the deceased service member's parents?

Module Four

8. The PNOK has indicated that she will remain in base housing for a total of 60 days (from the service member's date of death) before moving to Rome, Italy. What are her housing entitlements and what is required to execute the move?
9. The PNOK tells you she just found out she is pregnant and wants to know if the new baby will qualify for benefits. What benefits will the baby qualify? What explanation do you provide and what documents does she need to provide to you?
10. When should you get your Navy Gold Star Representative involved in this case and when can you transfer the case to the Navy Gold Star Representative?
11. The wife desires a copy of the Line of Duty Investigation what do you do?

Case Study Four: DC2 John Robinson

DC2 Robinson is stationed at Naval Support Activity Naples, Italy and was killed at 0230 local Italian time as a result of a motorcycle accident. He is currently single. His parents live in Bremerton, Washington and his father is an active duty Senior Chief Petty Officer.

DC2 Robinson is engaged to a local Italian woman who is rumored to be pregnant, and his page 2 also lists a daughter age 2 who currently resides with his ex-wife in New York City. The Page 2 lists DC2 Robinson's ex-wife as the PNOK and has a note in the remarks section that the service member has a will and it is currently located at his home address in Naples, Italy. The father of the deceased service member is designated as the PADD, SGLI is directed to the current fiancée' (100%), the Death Gratuity and Unpaid pay and allowances are designated to the 2 year old daughter. The command in Italy has indicated that they are preparing to conduct a Command Sponsored Memorial in four days. The service member's remains are in custody of the Italian government and due to government transfer agreements the deceased remains will not be transferred for approximately 10 days.

You are assigned as CACO for the parents. You receive the casualty call at 2300 (your local time).

AS A TEAM, DO THE FOLLOWING:

Module Two

1. Identify the PNOK.
2. Outline the procedures you would follow to notify the parents taking into account the time difference between your location and the place of death. Is this a Dignified Transfer of Remains (DTR) and if so what paperwork is required on the Notification Visit.?

Module Three

3. The PADD indicates during the first visit that he wants to cremate the service member and bury the remains at Arlington National Cemetery. Describe how you would make those arrangements?
4. The father is upset over the delay of the shipment of the remains. Explain how you would handle this and what explanation would you offer to the father?
5. Who is eligible to attend the funeral in Arlington at the Navy's expense?
6. All family members wish to travel to Italy for the Command Sponsored Memorial; but the ex-wife is causing issues and does not want the fiancée at the memorial service. Who is responsible for deciding who can and cannot attend?

Module Four

7. Death Gratuity benefits go to his 2 year old daughter. Describe what procedures you would follow to get the Death Gratuity paid?
8. The father wants to know who receives the SGLI. How do you handle this situation? Describe your response to the father.
9. Who receives the 365 days of BAH on this case and how do we ensure payment?
10. The fiancée asks which benefits her new baby will receive. What should the CACO's response be?

Case Study Five: YN2 Cecilia Smith

YN2 Cecilia Smith was stationed at Naval Station, Norfolk, Virginia. She died from a gunshot wound apparently inflicted by her husband PSCS John Smith. Her husband is in the custody of local law enforcement. There are two minor sons (Age 10 and 8) from the current marriage who were present at the scene of the incident. Deceased service member's parents are divorced - the mother lives in Chicago and the father lives in Boston. Another daughter (age 14) from a previous marriage resides with YN2 Smith's ex-husband in San Diego. The husband (PSCS Smith) is listed as the beneficiary for the full amount of SGLI, Death Gratuity and Unpaid Pay and Allowances. YN2 Smith and PSCS Smith owned a house in the Norfolk, Virginia area. You are stationed at Naval Station Norfolk and have been assigned as the CACO for the husband.

AS A TEAM, DO THE FOLLOWING:

Module One

1. Who is the PNOK? What procedures would you follow to make notification to the PNOK?
2. How many CACOs are assigned to this case? What regions are the CACOs assigned?
3. The husband is incarcerated in the local city jail. How would you notify him of the death? What would you tell the husband during the notification?
4. What procedures would you follow to get the Death Gratuity (DG) paid to the husband?

Module Three

5. Describe what action you would take in getting the Disposition of Remains Form (DISPO) completed by the husband?
6. The husband would like you as the CACO to persuade the warden to allow him to attend the funeral. What step (s) would you take to assist him?

Module Four

7. The husband wants to know when he will receive the \$100,000 Death Gratuity. What is your response?
8. The husband asks when he can expect the \$400,000 SGLI on the wife's policy and the \$100,000 FSGLI. How do you respond to these questions?
9. What are the husband's potential benefits?
10. Describe the procedures you would follow in regards to the deceased service member's personal effects located in their house?

NOTES

Casualty Assistance Calls Officer Checklist

There is a checklist to guide you through each phase of the CACO process.

- Relevant forms, offices and agencies are all listed.
- There are places for you to write important phone numbers, POCs and other information.
- This will be one of your primary tools to organize the information you will need throughout your assignment.
- When you are assigned a case, start a binder (recommend a 2-inch, three-ring binder). Have several tabbed sections in the binder, and include a blank notebook for notes and diary entries.
- Put a copy of the checklist in the front of the binder.

**Complete copies of the CACO Checklists are contained in Appendix A and on the CACO Resources webpage.*

Casualty Assistance Calls Officer Notification Checklist

Preparation

- Contact regional Casualty Assistance Calls (CAC) office prior to departure for specific guidance.**
- Personnel Casualty Report and Other Forms:** Obtain a copy of the Personnel Casualty Report (PCR), Record of Emergency Data (DD Form 93 or NAVPERS 1070/602) and Service members Group Life Insurance (SGLI) election form (SGLV 8286). (In accordance with the Privacy Act of 1974, next of kin (NOK) shall not see or be told who the other beneficiaries are on the Record of Emergency Data or SGLI election form.)
- Notification Team:** Arrange for a chaplain to accompany you on the notification visit. (Chaplain support may be provided from a different military service). If a chaplain is not available, arrange for another uniformed service member to accompany you. **Never conduct a notification alone!**
- Language Barriers:** Identify possible language barriers before attempting notification, and arrange interpreter support if possible.
- Latest Information:** Contact the parent command to receive the latest information concerning the casualty.
- Transportation:** Obtain a government vehicle.
- Directions and Map:** Obtain directions and/or a map to the home of the NOK, or verify the route using GPS.
- Calling Card:** Print several CACO calling cards.
- Uniform:** Prepare uniform for notification visit. Wear service dress uniform of the season. If unsure, ask the region program manager or your command for guidance.

Notification of Primary Next of Kin

- ❑ **Time of Notification:** Notification will be made between the hours of 0500 and 0000 unless one of the following circumstances occurs:
 - Death occurred in theater during war.
 - High media interest.
 - Otherwise directed by PERS-00C or regional commander.
- ❑ **Media Attention:** If contacted by the media, have them contact your Public Affairs Officer (PAO). If your command does not have a PAO, have them contact your immediate superior in charge (ISIC) PAO.
- ❑ **In-Person Contact with NOK:** Identify and make contact in person with the NOK immediately. If notification must be made at their place of employment, speak with a manager or someone in charge. Try to arrange for a private place to make the notification, and arrange to get the NOK home safely.
 - PNOK/NOK language needs. In overseas regions in particular, NOK English comprehension cannot be assumed. Best practice is to identify possible language barriers before attempting notification, and arrange interpreter support if possible.
- ❑ **Notification:**
 - Identify yourself and present a calling card
 - Confirm the identity of the NOK
 - Confirm their relationship to the service member
 - Ask to enter the home
 - Deliver the notification:
 - **“On behalf of the Secretary of the Navy, I regret to inform you that your (relation) died today of (list circumstances as known). I am deeply sorry.”** (specific information can be read from Items Charlie and Delta on the PCR):
- ❑ **Casualty Details:** Provide NOK with reported circumstances of the incident.

Inform NOK of current location of remains. Update family as the status changes on the location of their loved one’s remains and the anticipated transportation dates.
- ❑ **Dignified Transfer of Remains:** If killed in action, inform NOK of the details of the dignified transfer of remains, and obtain preferences for media coverage in accordance with DoDI 1300.18 and the Dignified Transfer of Remains Script from DCIPS. The only forms that absolutely must be completed on the notification visit is the Dignified Transfer of remains paper work and the Next of Kin Travel Request, NAVPERS 1770/10.
- ❑ **Notifying Other Active-Duty Relatives:** Inform the NOK that PERS-00C can assist with notifying any other active-duty relatives.

- ❑ **Letter of Circumstances:** Inform NOK that a condolence letter is forthcoming from the commanding officer and then follow up with parent command to ensure the letter is prepared and mailed to NOK within 48 hours.
- ❑ **Investigations:** Advise NOK that investigations will be conducted as warranted, i.e., Line of Duty, JAGMAN, Aircraft Mishap or police report. Tell them that you can assist them in completing the requests for this information on a later visit and will keep them apprised of the status of any relevant investigations.
- ❑ **Immediate Needs:** Inquire as to any immediate needs of NOK (for example emergency financial needs). Assistance can be obtained from the local Navy-Marine Corps Relief Society and the American Red Cross.
- ❑ **Personal Information and Forms:**
 - If appropriate, complete OPNAV 1770/1 and 1770/3 (see below). If not appropriate, get the following information from the NOK:
 - Complete name.
 - Correct address and phone numbers.
 - If death gratuity beneficiary, get Social Security Number (death gratuity beneficiaries are indicated on the deceased member's Record of Emergency Data)
 - Consent for the Release of Personal Information, OPNAV 1770/1: If appropriate, obtain the signature of the PNOK on the form and fax/e-mail it to the regional CAC office and PERS-00C. Reassure the NOK that if they choose not to consent to the disclosure of their information, it will not affect processing benefits and other official actions. This form only restricts the release of information to third-party organizations such as grief counseling agencies, other non-governmental agencies and commercial vendors.
 - Primary/Secondary Next of Kin Information, OPNAV 1770/3: If appropriate, complete the form. Ensure that all blocks are completed to include ZIP code +4 (example: 12345-6789).
- ❑ **Death Gratuity (electronic funds transfer):** Provide death gratuity recipients with the DD 397 and SF1199A forms to fill out. Get a voided check from the beneficiary's banking institution. When completed, fax/e-mail the DD 397, SF1199A, and voided check to your Regional CAC and forward to PERS-00C after confirmation from your Regional CAC.
- ❑ **Death Gratuity (paper check only):** Follow the procedures in MILPERSMAN 1770-280 to assist the NOK if the death gratuity is requested to be paid by paper check.

If the Casualty is an Officer: Obtain the following information about the deceased member from the NOK:

○ Date of Birth

○ Place of Birth

○ Religion

○ Home of Record

○ Place of Entry into the Navy

Do Not Leave NOK Alone: Before leaving the NOK, ensure that they are not alone. Arrange for someone to be with them (family, friends, or ombudsman) to provide continuing support and assistance.

Arrange Funeral Arrangements Visit: Before leaving, assure the NOK that you will provide continuing assistance and of your availability. Schedule a visit with the NOK, if they are the PADD, for the following day to make funeral arrangements.

CACO Calling Card: Leave several completed CACO calling cards with the NOK.

NOK's Intentions; Early Return of Dependents (ERD) for members stationed in an overseas location.

Follow-Up to the Notification Visit

Provide Information to regional CAC office (ROC if after hours): Immediately report the following by phone

○ Date of Notification:

○ Time of Notification:

○ Verified Name of NOK:

○ Address and Phone of NOK:

○ Accompanying Chaplain's Name (or service member) (if applicable):

○ Social Security Number of NOK (if applicable):

- Preference for receiving death gratuity (if applicable):

-
- ❑ **Provide Information to Commanding Officer of Deceased Service Member:** Call the deceased service member's commanding officer (PCR Item Bravo) and report the date and time of notification to the NOK.
 - ❑ **MAO/DAO:** If your NOK is the PADD, contact the Mortuary Affairs Office or Decedent Affairs Office for a detailed breakdown of authorized mortuary benefits and guidance.
 - Ask if the AFMAO FAQ sheet and acknowledgement is required.
 - ❑ **Advise Others:** Keep PERS-00C, other involved CAC offices, and any other CACOs assigned to this case informed of any issues.
 - ❑ **Additional Administration:** Keep accurate and up-to-date case notes in your case file.
 - Travel Notes
 - Mileage records for travel claims
 - Official cell phone calls above normal plan
 - Make 2 copies of all documents
 - Maintain file copy and give one to PNOK/SNOK

Funeral Arrangements Visit Checklist

- ❑ **Uniform:** Service Khaki or Navy Service Uniform for E-6.
- ❑ **Death Gratuity (paper check only):** Deliver the death gratuity check (if not already delivered).
 - Have NOK sign the DD-397, Claim Certification and Voucher for Death Gratuity Payment, and fax/e-mail the signed copy to the regional CAC office.
- ❑ **Consent for the Release of Personal Information, OPNAV 1770/1:** If not completed on the first visit, obtain the signature of the NOK on the OPNAV 1770/1 and fax/e-mail it to the regional CAC office and PERS-00C.
- ❑ **Primary/Secondary Next of Kin Information, OPNAV 1770/3:** If not completed on the first visit, complete the OPNAV 1770/3. Ensure that all blocks are completed to include all ZIP codes +4 (example: 12345-6789).
- ❑ **Location of Remains:** Continue to update family as the status changes on location of their loved one's remains and the anticipated transportation date.
- ❑ **Funeral Allowances:** Counsel Person Authorized to Direct Disposition of remains (PADD) on funeral options/allowances.
 - Statement of Disposition of Military Remains (DD Form 3045): Assist the PADD in completing the form.

- E-mail (encrypted) a signed copy of the form to the regional CAC office and all other parties concerned.
- Payment of Funeral and/or Interment Expenses (DD-1375):** Obtain PADD signature for each funeral home used.
 - E-mail (encrypted) to regional CAC office and MAO.
- Navy Escort:**
 - Inform the PNOK of the Navy escort of remains (provided by the casualty's command. Arrangements for travel of the escort/remains will be funded by the MAO or the DAO).
- Funeral Honors:**
 - Inform the NOK of eligibility and availability of funeral honors.
 - Arrange for funeral honors through the regional CAC office.
- Funeral/Memorial**
Date: _____
 - Advise the PADD not to schedule a firm funeral date until the remains arrive at the receiving funeral home.
- Funeral/Memorial Travel Allowances:**
 - Complete and submit **OPNAV 1770/2, Next of Kin Travel Request**
 - Assist with the family's travel needs; contact PERS-00C for travel orders.
 - Verify with the airline that the tickets are indeed purchased and waiting.
- Funeral Attendance**
 - Advise the NOK of your planned attendance at the funeral if the funeral is in your local area.
- Survivor Benefit Applications:**
 - Advise the NOK that survivor benefit applications will be forthcoming within the next 10 working days, and that you will call and make an appointment with them to assist with the completion of the applications.
- Advise Others:** Keep PERS-00C, other involved CACO offices, and any other CACOs assigned to this case informed of any issues.
- Submit NAVPERS 1770/7** — every 30 days until case is closed.

Benefits Visit Checklist

- Uniform:** Service Khaki or Navy Service Uniform for E-6
- Benefits Brief**
 - Upon receipt of the benefits package (to be sent to the CACO within 10 days of receipt of the PCR), call the regional CAC office to arrange to attend a brief on assisting the PNOK in completing applications for benefits.

- Download applicable forms as indicated in the benefits package checklist provided by Navy Casualty (PERS-00C) prior to attending the brief.
- Make an appointment with the PNOK for the benefits visit. Date/
Time: _____

☐ Privacy Act Authorization

- If not already done, have the PNOK sign the Privacy Act Authorization and attach a copy to all benefit claim forms.

☐ DD-1300

- Make copies of the DD-1300 as needed.
- Attach a copy of the DD-1300 to all benefit claim forms.

☐ Housing

- Advise the family on housing options.
- Family
choice: _____

☐ Investigations

- Provide family with the status of any investigations, and assist with completing the FOIA request, if not done on a previous visit.

☐ Inventory of Personal Effects

- When the command Inventory Control Board completes the inventory and a DD 1300 with a Line of Accounting is received, contact the Personal Property Office to arrange for delivery.
- Monitor status of personal effects and address inquiries to member's command. (Should be inventoried and shipped within 14 days.)

☐ Legal Issues: Contact Naval Legal Services Office for guidance as needed (e.g., appointment for family for probate or guardianship issues).

- **Appointment**
Date/Time: _____

☐ Navy Gold Star

- Regional CACO coordinator will provide Gold Star Coordinator contact information:
 - Gold Star Coordinator: _____
 - Contact Number: _____
 - Email: _____
- Contact Gold Star Coordinator and arrange and introduction to the NOK

□ Recordkeeping and Tracking

- Keep copies of all claims submitted.
 - Copy for your case file.
 - Copy for PNOK.
- Fax a copy of all completed application forms to the regional CAC office.
- Monitor the progress of all survivor benefit entitlements by submitting a NAVPERS 1770/7 as follows:
 - Submit “initial” NAVPERS 1770/7 to regional CACO coordinator within 30 days of the casualty:
 - Due Date _____
 - Submit “interim” NAVPERS 1770/7 every 30 days:
 - Due Date _____
 - Due Date _____
 - Due Date _____
 - Due Date _____
 - Submit “final” NAVPERS 1770/7 when all benefits/monies have been received.
 - Submit DD 1164 via DTS for reimbursement of CACO expenses (for example, mileage, toll, phone calls) to the regional CAC office monthly:
 - Due Date _____
 - Due Date _____
 - Due Date _____
 - Due Date _____
- CACO Change

If you transfer, turn your case over to another CACO and provide his or her name and phone number to the regional CAC office.

When speaking with a family about ongoing investigations:

Do:

- Tell the family what information is available.
- Assist the family to complete Freedom of Information Act request forms.
- Coordinate with your regional program manager to obtain the latest information.

Don't:

- Speculate; only tell the family information you have.
- Make promises that you cannot keep (for example, telling the family when investigations will be completed or available.)