

Casualty Preparation Guide
For
Military Members and Their Families



**30 FSS/FSFR
706 Washington Ave
(Bldg 10122, Rm 203)
Vandenberg AFB CA 93437**

Casualty Assistance Rep (CAR) - (805) 606-0039

This package was created by 30 FSS Casualty Assistance Office.

As a Casualty Assistance Representative (CAR) for the Air Force I have spent countless hours working with widows/widowers who have had difficulties claiming their rightful benefits because they did not have the information or documentation they needed.

Although it may be time consuming to complete, this package will help your next of kin immeasurably. Once completed, place it in a secure location and tell your family or lawyer where to find it.

IMPORTANT DOCUMENTS TO PROCESS A DEATH:

DEATH CERTIFICATE – Required

MILITARY ID CARD (DECEASED) - Required

DD FORM 214 – Retiree’s Military History - Optional

MARRIAGE CERTIFICATE – Optional in most cases

IMPORTANT CONTACTS TO REPORT THE DEATH:

Be prepared to have the following information available:

- Retiree’s full name, grade, & Social Security Number
- Deceased’s full name & Social Security Number
- Data and place (city and state) of death
- Cause (layman’s terms) of death
- Name, relationship, phone # and address of the next of kin

VAFB Casualty Assistance Representative – (805) 605-2029

Defense Finance & Accounting Service (DFAS) - 1-800-321-1080

Dept of Veterans Affairs (VA) – 1-800-827-1000

Social Security Administration (SSA) – 1-800-772-1213

RECORD OF PERSONAL AFFAIRS

PERSONAL AFFAIRS RECORD OF:

NAME: _____

SSN: _____

Work Address: _____

Work Phone: _____

Home Address: _____

Home Phone: _____

Permanent or Legal Address: _____

PERSONAL DATA

Date/Place of Birth: _____

Naturalization (If Applicable) _____

PARENTS INFORMATION

Fathers' Name: _____

Date/Place of Birth: _____

Home Address: _____

Home Phone: _____

Mothers Name: _____

Date/Place of Birth: _____

Home Address: _____

Home Phone: _____

Marital Information

Married to: _____

Date/Place of Marriage: _____

If terminated, show reason, place, and date: _____

Married to: _____

Date/Place of Marriage: _____

If terminated, show reason, place and date: _____

CHILDREN

Provide full name, date, and place of birth, social security number; if living apart from parents, list address – if minors indicate name of guardian

Lawyer or Trusted Friend

Personal lawyer or trusted friend who may be consulted in regard to my personal or business affairs:

Name: _____

Phone: _____

Address: _____

Family Records Location

Birth Certificates or other proof of date of birth for myself and each immediate family member (required by insurance companies and social security administration).

Naturalization papers for myself, spouse and children (if applicable):

Marriage Certificate (required by VA and Social Security):

Divorce Decree, death certificates or certified copies for myself or present spouse:

**Military Service Personal File Location
(Orders, Awards and Decorations)**

Other Important Papers

I (have) (have not) executed a will:

Located at: _____

Executor: _____

Executor Address: _____

Lawyer's Name: _____

Lawyer's Address: _____

I (have) (have not) executed a Power of Attorney, dated _____

Copies of my federal income tax returns and related papers are located at:

Other Taxes:

Copies of _____ tax returns and related papers are located at:

Bank Accounts (include Credit Union, Savings and Loan Associations):

Type of Account: _____

Name/Address of Bank: _____

Type of Account: _____

Name/Address of Bank: _____

Location of passbooks for savings accounts: _____

Location of Statements and canceled checks for checking accounts: _____

Charge Accounts and Credit Cards:

(Name, Address, Telephone Number)

(Name, Address, Telephone Number)

(Name, Address, Telephone Number)

(Name, Address, Telephone Number)

Safety Deposit Box

Name of Bank or Trust Company: _____

Address: _____

Location of Key: _____

United Savings Bonds:

Where are they kept: _____

Approximate value: _____ (attach listing of serial numbers/amounts)

Property Ownership and Interests:

Real estate is located at: _____

The property is encumbered by a: _____
(mortgage, trust, deed, etc)

Held by: _____

The property is insured with: _____
(Insurance Company)

Policy Number: _____, against _____

Life Insurance:

I have the following types of life insurance: Gov't _____ Commercial _____ Both _____

Insurance Company: _____

Policy Number: _____

Face Value: _____

Payment Option: _____

Insurance Company: _____

Policy Number: _____

Face Value: _____

Payment Option: _____

Other Insurance

Insurance Company	Type of Coverage	Policy Number	Amount
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Insurance Company	Type of Coverage	Policy Number	Amount
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Insurance Company	Type of Coverage	Policy Number	Amount
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Funeral and Burial Arrangements:

This is not intended as a legal document. But within the terms of my Will or the applicable laws, I desire the following be done by my executor and/or family:

Funeral Service and Arrangements: _____

Cemetery: _____
(name, address and phone number)

Military Ceremony and Honors: _____

Uniform: _____

Hymns, Psalms, Scriptures, Special Requests: _____

Pallbearers: _____

Flowers (in lieu of flowers: _____

Memorials and Remembrances: _____

Other:

Additional data desired regarding my affairs and instructions to survivors not previously covered:

(date)

(signature)