

CASUALTY ASSISTANCE CHECKLIST

(to be completed by retired Soldier and/or spouse and kept in your files for your survivors to use)

Name: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____
Date of Retirement: _____ Retired grade/rank: _____
Enrolled in RSFPP, SBP (circle all that apply) Did you disenroll from SBP? YES NO
VA Claim #:
Eligible to draw VA disability compensation (even if not in receipt now): YES NO
Receiving Social Security? YES NO If yes, age at which first received:
Organ donor? YES NO (circle one)

Is there a living will? YES NO

SPOUSE INFORMATION

Name: _____ Date of birth: _____ SSN: _____

MARRIAGE INFORMATION

Date of Marriage: _____ Place of Marriage (City, State, Country): _____

CHILD(REN) INFORMATION

Name Birthdate Address/Phone/E-mail Capable of self-support?

INSURANCE POLICIES

Policy # Company Amount (include "as of" date) Beneficiary Agent phone/E-mail/Web site

LONG TERM CARE INSURANCE

Policy# Company Type of coverage Agent phone/E-mail/Web site

INVESTMENTS

Type (IRA, CD, Mutual Fund) Company Amount (include "as of" date) Agent phone/E-mail/Web site

BANK ACCOUNTS

Bank Name Account # Type of Acct Amount (include "as of" date) Phone/Web site

CREDITORS

Name & Address Account # Balance Due (include "as of" date) Life insurance? Phone/E-mail

BURIAL INFORMATION

Who should be notified of your death:

Name Relationship Address Phone/E-mail

Do you want a military honor guard? YES NO Do you want to be (circle one): Buried Cremated?

Have you purchased a burial plot? YES NO If yes, where?

Name, location of cemetery where you want to be buried:

Do you want to be buried in your uniform? YES NO If yes, where is it?

Do you want a memorial service? YES NO If yes, where?

Do you have a preference of funeral home? YES NO If yes, which one?

LOCATION OF DOCUMENTS**DOCUMENT****LOCATION**

Living Will

Current Retired Pay Statement

Marriage Certificate (s)

Divorce Decree(s)/property settlement(s)

(from previous marriage(s) of
retired Soldier or spouse)

Death certificate(s) (from previous

marriage(s) of retired Soldier or spouse)

Birth certificates/adoption papers

(retired Soldier, spouse, children)

DD Form(s) 214 (Active Duty Discharge

. Record) (for all periods)	_____
Retirement Orders	_____
Safe-Deposit Box	_____
List Contents	_____
Will	_____
Vehicle Registration & Title	_____
Insurance policies	_____
Investment papers	_____
Burial plot information	_____
Uniform for burial	_____
Medical and dental records	_____
Real Estate deeds	_____
Tax returns	_____
Other	_____

PHONE/E-MAIL/WEB SITES

Army Casualty Operations – contact right after retired Soldier’s death, call 1-800-626-3317; or, from overseas, call collect (703) 325-7990; e-mail cmaocweb@hoffman.army.mil; Web site <https://www.hrc.army.mil/site/active/TAGD/CMAOC/cmaoc.htm>

Retirement Services Officer (follow-up assistance) numbers are listed on pages 9-10 of printed *Echoes* and [homepage](#)

VA 1-800-827-1000; VA Insurance 1-800-669-8477; Web site <http://www.va.gov>

Social Security 1-800-772-1213; Web site <http://www.ssa.gov>

Retired and Annuitant Pay 1-800-321-1080; Web site <http://www.dod.mil/dfas>; Online account access: <https://myPay.dfas.mil>

Update ID card information 1-800-538-9552; (831) 583-2500; Lawyer