

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL				1. DATE (YYYYMMDD)	2. PAGE OF PAGES
PRIVACY ACT STATEMENT					
AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).					
PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.					
DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.					
3. TENTATIVELY IDENTIFIED DECEDENT					
a. NAME (Last, First, Middle Initial) (or Unidentified)	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
4. PLACE OF RECOVERY (Include grid coordinates)			5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS	
				a. #1	b. #2
7. INVENTORY OF EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)					
<input type="checkbox"/> ALL KNOWN EFFECTS		<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM UNIT		<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM REMAINS	
10. PREPARING OFFICIAL					
a. NAME (Last, First, Middle Initial)		b. GRADE	c. ORGANIZATION		
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)	
11. RECEIVING OFFICIAL					
a. NAME (Last, First, Middle Initial)		b. GRADE	c. ORGANIZATION		
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)	
12. RECEIVING OFFICIAL					
a. NAME (Last, First, Middle Initial)		b. GRADE	c. ORGANIZATION		
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)	