

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 Birth date 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/Website

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