

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

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## 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).

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

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Marriage Certificate (required by VA and Social Security):

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

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

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**Other Important Papers**

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

Located at: \_\_\_\_\_

Executor: \_\_\_\_\_

Executor Address: \_\_\_\_\_

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Lawyer's Name: \_\_\_\_\_

Lawyer's Address: \_\_\_\_\_

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

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

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## Other Taxes:

Copies of \_\_\_\_\_ tax returns and related papers are located at:

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

Type of Account: \_\_\_\_\_

Name/Address of Bank: \_\_\_\_\_

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Type of Account: \_\_\_\_\_

Name/Address of Bank: \_\_\_\_\_

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Location of passbooks for savings accounts: \_\_\_\_\_

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Location of Statements and canceled checks for checking accounts: \_\_\_\_\_

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## Charge Accounts and Credit Cards:

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(Name, Address, Telephone Number)

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(Name, Address, Telephone Number)

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(Name, Address, Telephone Number)

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(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: \_\_\_\_\_

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Pallbearers: \_\_\_\_\_

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Flowers (in lieu of flowers: \_\_\_\_\_

Memorials and Remembrances: \_\_\_\_\_

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### **Other:**

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

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\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)