

DEPENDENT WORKSHEET		CASE FILE NUMBER	
		COST DATA FORWARDED TO DFAS-DE/OCDA	
PRIVACY ACT STATEMENT			
<p><i>AUTHORITY: 10 USC, 8013 Secretary of The AIR FORCE: Power and Duties; delegated by: and E.O. 9397</i></p> <p><i>PRINCIPAL PURPOSE: To compile data concerning deceased dependents of active duty and retired personnel to determine eligibility for mortuary benefits. Requested data includes SSN, address and phone numbers of military sponsor.</i></p> <p><i>SYSTEM OF RECORD NOTICE: F030 AF MP C, Causality Affairs, Applies</i></p> <p><i>ROUTINE USE: None. Information not to be release outside of DoD.</i></p> <p><i>DISCLOSURE IS VOLUNTARY: Disclosure of SSN, address and telephone number are voluntary. However, eligibility for mortuary benefits can not be determine without SSN, nor can correspondence concerning mortuary benefit be accomplished without address and phone number.</i></p>			
DECEDENT DATA			
NAME OF DECEDENT			RELATIONSHIP TO SPONSOR
DATE OF DEATH		TIME OF DEATH	
PLACE OF DEATH			
PLACE OF BIRTH		RELIGION	
SPONSOR DATA			
NAME OF SPONSOR		GRADE	SSN
ORGANIZATION		TELEPHONE NUMBER	
RESIDENCE		TELEPHONE NUMBER	
WHAT OPTION FOR PAYMENT OF TRANSPORTATION EXPENSE (FROM PLACES OF DEATH TO BURIAL) DOES SPONSOR WISH TO USE			
FUNERAL HOME DATA			
PREPARING FUNERAL HOME			
ADDRESS		TELEPHONE NUMBER	
RECEIVING FUNERAL HOME			
ADDRESS		TELEPHONE NUMBER	
CIVILIAN CEMETERY			
NATIONAL CEMETERY DATA			
NAME OF CEMETERY			
ADDRESS		TELEPHONE NUMBER	
SPONSOR'S DATE OF BIRTH		PLACE OF BIRTH	
PERMANENT ADDRESS			
DATE OF INITIAL ENTRY ON ACTIVE DUTY		TELEPHONE NUMBER	
NAME OF MOTHER (IF DEPENDENT CHILD)			
PLACE OF BIRTH		DATE OF BIRTH	
REMARKS			

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