

(Name) _____ (Rank) _____ (Social Security Number) _____ DJ: _____ (File Number) _____

DECEASED

RECEIVED FROM: _____

DATE: _____

CARRIER: _____

GBL NO: _____

PCS: _____

WT: _____

CU: _____

SHIPPED FROM: _____

DATE: _____

CARRIER: _____

GBL NO: _____

PCS: _____

WT: _____

CU: _____

NOK LTR SENT: _____

NOK LTR REC: _____

DD FORM 1300 REC: _____

DECEASED CASE FILE

MCAGCC29P -4610/9 (1-89)