

**FOR OFFICIAL USE ONLY**

Name \_\_\_\_\_

Per Administrative Instruction 3, this form is intended to provide vital information to the JECC and the military in the event of a mishap involving you or your spouse, if he or she is not a military member. You and your spouse should discuss the contents of this document and fill it out together. Any others you choose to involve should also be consulted. Once completed and returned to Support Division (SD), this form will be sealed, and stored in a secure location. It will remain sealed unless needed for official notification in the even of a mishap. This document will be returned to the member upon transfer from JECC.



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General Information

Member:

Name \_\_\_\_\_ Local Phone \_\_\_\_\_

Local Address \_\_\_\_\_

Religious Preference \_\_\_\_\_

Next of Kin of Member:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Religious Preference \_\_\_\_\_

Spouse:

Name \_\_\_\_\_

Military Member? Y N

Command \_\_\_\_\_

Command Phone \_\_\_\_\_

Command Address \_\_\_\_\_

Local Address (if different) \_\_\_\_\_

Religious Preference \_\_\_\_\_

Next of Kin of Spouse:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Religious Preference \_\_\_\_\_

Other Dependents Living with the Member:

Name \_\_\_\_\_ Age \_\_\_\_\_

School/Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

School/Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

School/Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Pets at member's home:

Type/Name \_\_\_\_\_

Location of Food \_\_\_\_\_

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Other:

Location of important papers (Will, Power of Attorney, etc.)

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House Key Location: \_\_\_\_\_

Is there a local friend you would like to be with your spouse at this time?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Do you and your spouse have a local clergyman you would like to be present?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Church Name \_\_\_\_\_

Church Phone \_\_\_\_\_

Church Address \_\_\_\_\_

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Does your spouse have any medical condition or special circumstances that must be considered? Any medications?

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Do you desire a doctor to call on your spouse?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Do you feel that a doctor will be needed immediately upon notification? Y N

Would you like for other JECC spouses or neighbors to call your spouse? Y N

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Does any of your children have special medical conditions or circumstances that must be considered? Any medications?

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Would you like your children to stay with someone during the first few hours?

Name \_\_\_\_\_ Local Phone \_\_\_\_\_  
Local Address \_\_\_\_\_

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In the event of a mishap involving you, the member:

Do you, the member, wish for the military to notify your parents/next of kin? Y N

By phone or by local military representative? \_\_\_\_\_

Do your parents/next of kin have any medical condition or special circumstances that must be considered? Any medications?

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Do you desire a doctor to call on your parents/next of kin?

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

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Do you feel that a doctor will be needed immediately upon notification? Y N

Are there friends or relatives your parents/next of kin would like to be with them at this time?

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

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Do you, the member, wish for the military to notify your spouse's parents? Y N

By phone or by local military representative? \_\_\_\_\_

Friends or relatives you would like notified by phone after notification of your spouse and family:

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

In the event of a fatal injury to you, the member:

Do you wish to be cremated? Y N

Do you wish to be buried at sea? Y N

Ship or Aircraft/Location? \_\_\_\_\_

Do you have a preferred military escort to take the remains to the interment site?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Command \_\_\_\_\_ Command Phone \_\_\_\_\_

Command Address \_\_\_\_\_

Escort Address \_\_\_\_\_

Do you wish to have a military memorial service? Y N

Do you wish to have a private funeral? Y N

Name of funeral home \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Do you have any special instructions or requests for either service? \_\_\_\_\_

What would you like done with your personal effects once they have been readied for shipment? \_\_\_\_\_

Is there anyone you definitely do not want notified by the military?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Do you and your spouse have a preference for a Casualty Assistance Calls Officer (CACO), or to assist the CACO? The role of the CACO is to assure the military member's next of kin of the military's interest in their welfare and to help the survivors adjust to the new conditions unforeseen circumstances have imposed upon them.

In the event of a mishap involving your spouse, who is not a military member:

Is there a local friend or relative that you would like to be with you, the member, at this time?

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Who would you like your children to stay with during the first few hours or until family arrives?

Name \_\_\_\_\_ Local Phone \_\_\_\_\_  
Local Address \_\_\_\_\_

Would you and your spouse like your spouse's parents notified by the military? Y N

\_\_\_\_\_  
MEMBERS NAME

\_\_\_\_\_  
SPOUSE'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE