

STATEMENT OF RECOGNITION OF DECEASED

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

1. TENTATIVELY IDENTIFIED DECEDENT

a. NAME (Last, First, Middle Initial) (or Unidentified)	b. RANK	c. SSN
d. ORGANIZATION	e. SERVICE	

2. I HAVE PERSONALLY VIEWED THE REMAINS TENTATIVELY IDENTIFIED ABOVE. RECOGNITION IS BASED ON THE FOLLOWING.

a. SEX	b. APPROXIMATE AGE (Years)	c. APPROXIMATE HEIGHT	d. RACE
e. HAIR COLOR (If brown, indicate light or dark, as applicable)		f. BUILD/MUSCULARITY (Slender, medium, heavy or obese)	
g. IDENTIFYING MARKS (Fully describe by type and location ALL known scars, tattoos, birthmarks, amputations or other body markings to support the identification.)			

h. REMARKS

3. DETAILS OF VIEWING

a. DATE (YYYYMMDD)	b. TIME	c. PLACE
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4. PERSON MAKING VISUAL IDENTIFICATION

a. NAME (Last, First, Middle Initial)	b. RANK	c. SSN
d. ORGANIZATION	e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)
g. RELATIONSHIP TO DECEASED (CDR, ISG, Friend, Relative, etc.)		h. LENGTH OF TIME YOU KNEW DECEASED (Number of months or years)

5. WITNESS

I certify that the individual identified in Item 4 has viewed the remains in my presence, and that to the best of my knowledge and belief the above statements are true.

a. NAME (Last, First, Middle Initial)	b. RANK	c. TITLE
d. ORGANIZATION	e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)