DEPARTMENT OF THE ARMY
HEADQUARTERS, 10TH REGIONAL SUPPORT GROUP
UNIT 35115
APO AP 96376-5115

APTS-SG-JA-LA June 20, 2016

MEMORANDUM FOR ALL ASSIGNED PERSONNEL

SUBJECT: Counseling Checklist for Casualty Assistance Clients

1. Name of Primary Next of Kin_____

2. Address of Primary Next of Kin_____

3. Phone Number of Primary Next of Kin_____

4. Email Address of Primary Next of Kin _____

5. Name of Decedent_____

6. SSN of Decedent_____

7. Address of Decedent_____

8. Date of Death_____

9. Location of Death_____

10. If death occurred in a combat zone or in support thereof, was soldier previously deployed? When? Where?_____

11. Is there a will? If yes, obtain a COPY.

12. Was decedent married on date of death? Any previous marriages?_____

13. Decedent's heirs, age, address and relationship (include widow/widower). MUST INCLUDE ALL CHILDREN BORN OR ADOPTED.

    a. _____

    b. _____

    c. _____

    d. _____

14. State of Residency_____

15. List all life insurance policies, beneficiaries and amounts.

a. _____

b. _____

c. _____

16. List all real property owned, where located, and how titled. Covered by mortgage insurance?

a. _____

b. _____

c. _____

17. List all automobiles owned, where registered and how titled. Covered by credit life?

a. _____

b. _____

c. _____

18. List all current debts, balances, creditors. Covered by credit life?

a. _____

b. _____

c. _____

d. _____

e. _____

19. List all financial accounts: savings, checking, CDs, Mutual Funds, etc. Where located, names on the account.

a. _____

b. _____

c. _____

d. _____

e. _____

20. Have taxes been filed for the current year? Is the client eligible to amend previous returns for all open years based on service in the combat zone?_____

19. Other benefits?

Survivor's Benefit Plan (SBP)

Social Security

Veteran's Administration

Dependent's Indemnity Compensation

Dependent's Educational Assistance

20. Obtain a copy of the death certificate or DD Form 1300

21. Report the death to the U.S. Consulate or Embassy.