

# NDW INSTRUCTION 1770.2G

From: Commandant, Naval District Washington

# SUBJ: NAVAL DISTRICT WASHINGTON CASUALTY ASSISTANCE CALLS PROGRAM

- Ref: (a) CNICINST 1770.2B
  - (b) MILPERSMAN Article 1770-030
  - (c) MILPERSMAN Article 1770-230
  - (d) MILPERSMAN Article 1770-270
  - (e) MILPERSMAN Article 1770-271
- Encl: (1) Notification of Primary Next of Kin Checklist
  - (2) Checklists for Death of Reservist, Dependent, or Civilian Employee
  - (3) Command Responsibilities Checklist
  - (4) Casualty Assistance Calls Officer Letter of Designation
  - (5) Benefits Visit Checklist
  - (6) Funeral Arrangements Visit Checklist
  - (7) Checklist for Very Seriously Ill/Seriously Ill Visit
  - (8) Courtesy Casualty Assistance Calls Officer Checklist
  - (9) Electronic Funds Transfer, Death Gratuity Form, and OPNAV Forms Notification
  - (10) Sub-Area Coordinators and Their Areas of Responsibility
  - (11) Casualty Assistance Calls Officer Sub-Area Coordinator Command Information

1. <u>Purpose</u>. Per references (a) through (e), this instruction establishes policy, provides procedures, and assigns responsibility for the implementation of the Casualty Assistance Calls Program (CACP) within Commandant, Naval District Washington's (NDW) Area of Responsibility (AOR).

- 2. Cancellation. NDWINST 1770.2F.
- 3. <u>Scope and Applicability</u>. This instruction applies to NDW and all subordinate commands.

4. <u>Policy</u>. Commanders at all levels will respond to support the Program's intent and guidelines to ensure that every reasonable effort is made to respond to personnel casualties.

# 5. <u>Responsibilities</u>

a. Regional Casualty Assistance Calls Officer (CACO) Program Specialists (RCPS) will:

(1) Execute, fund, and support the CACP, per reference (a) and enclosures (1) - (3).

(2) Establish and maintain relationships with commands to advise and assist with casualty incidents.

(3) Ensure the reporting process is being conducted within four hours of being apprised of the casualty, per reference (b).

b. Unit Commanders in the Region Naval District Washington (RNDW):

(1) Comply with reference (a).

(2) Assign, in writing, E7 or senior personnel with at least two years of active duty as CACOs. E6 personnel may be assigned as CACOs with the Commanding Officer's (COs) approval - see enclosure (4) for a CACO letter of designation.

(3) Each command must have at least three CACO - trained individuals to allow coverage during leave or training periods. An additional CACO should be added for every 50 personnel in the command.

(4) When a command suffers a casualty resulting in the death or injury of a Sailor, the command will call the Regional Operations Center (ROC) at (202) 433-5180 to inform and, if needed, request Chaplains' assistance. Additionally:

(a) Assign a Command Representative to ensure all command responsibilities are met. The Command Representative must contact the RCPS for guidance. A Command Representative is an individual trained as a CACO. However, for any given case, the Command Representative cannot also be the CACO assigned to the Next of Kin (NOK). This individual works with the RCPS to ensure the case is properly brought to completion.

(b) Assign a separate CACO to make the in-person death notification to the NOK when the NOK resides within 50 miles from the command. This ensures that the CACO, who directly assists and supports the NOK, is distinct from the Command Representative, maintaining clarity and separation of roles in the support process.

(c) Provide frequent updates about the case to the Certified Personal Risk Manager until after major benefits are processed - see enclosure (5) for benefits information - including shipment of Personal Effects (PERSEFF), funeral or memorial service for the deceased (see enclosure (6)), and a unit memorial service, if conducted.

(d) A CACO notification team consists of at least two individuals: a trained CACO and a driver. Chaplains are a highly valued third component of the notification team and can be accessed through the Regional Duty Officer (RDO). Timeliness is critical; the notification team should not delay the initial visit for more than 30 minutes waiting for a Chaplain.

(e) The notification team must wear seasonal dress uniform and use a Government vehicle for travel. Since engaging with the NOK constitutes official business, all communications should be conducted in person, via phone call, or through official email. Text messaging is not considered official and should not be used for these interactions. There should be a strong effort to equip the CACO with a Government cell phone for official communications.

(f) Reporting of Sailors who have been hospitalized for more than 24 hours must be per reference (c) and enclosure (7). Notification to the Primary Next of Kin (PNOK) must be made via the most appropriate rapid means of communication available to the CO.

(g) Someone who is a relative or close friend of the deceased, or scheduled for deployment, reassignment, retirement, or release from active duty within six months, cannot be assigned as a CACO.

c. CACOs will:

(1) Have a clear understanding that the CACO assignment is one of the few "NO FAIL" missions that directly affect their families and receive tremendous attention when something goes wrong and is to be considered their primary duty.

(2) Fulfill CACP duties when assigned as a CACO, Courtesy CACO, or command representative, per reference (a) and enclosure (8).

(3) Collect up-to-date information about the NOK in order to expedite benefit claims for the NOK. All safeguards must be used to protect Personally Identifiable Information (PII). Use Department of Defense Secure Access File Exchange (DoD SAFE) for Controlled Unclassified Information/PII/Protected Health Information file submission to the NDW CACO RCPS when other options are incompatible. Forms must be legible to avoid delays in processing by Navy Casualty (PERS-00C).

(4) Connect with the Regional Navy Gold Star Coordinator (NGSC), no later than 14 days after notification, to discuss any support that the NGSC is able to provide.

(5) Ensure that NOK and PNOK receive any death gratuity payments and other benefits for which they may be eligible by receiving from them the following completed and signed OPNAV forms (see enclosure (9)):

(a) Department of Defense Form (DD Form) 397, Claim Certification and Voucher for Death Gratuity Payment.

(b) Death Gratuity Payment Form (must be attached to the DD Form 397).

(c) OPNAV Form 1770/1, Consent to Release Personal Information.

(d) OPNAV Form 1770/2, NOK Travel Request.

(e) OPNAV Form 1770/3, NOK Identification.

### 6. Sub-Area Coordinators

a. Per reference (a), NDW is the CACP Coordinator for Washington, DC, and parts of the states of Maryland and Virginia. Enclosure (10) depicts the specific commands assigned as Sub-Area Coordinators and their respective AORs.

b. COs will use enclosure (11) and submit it to the NDW Regional Casualty Program Specialist (RCPS) as changes in personnel serving as command CACOs occur.

c. Sub-Area Coordinators will have enough trained CACOs in a rotation to meet the CACP's mission, including NOK notification, at any time, immediately after being assigned a case in their AOR by the NDW RDO or RCPS.

# 7. <u>RCPS</u>

a. RCPS must ensure the casualty program operates smoothly by supervising and assigning trained CACOs for the sensitive task of notifying NOK, typically from 0500 to 2359, with leeway for exceptional situations. It is crucial that relatives or those nearing transfer or retirement within six months are not assigned as CACOs. The RCPS should proactively anticipate various scenarios and conduct an effective training regimen to prepare all CACOs for their roles before they begin. RCPS are also to keep the Chief of Staff and Admin Director apprised of CACO assignments as they occur. The following are key responsibilities of the RCPS when overseeing the Regional Casualty Assistance Program, this list does not cover all duties:

(1) Assist CACO's and Command Representatives working with NOK and or commands when a sailor passes away, ensuring timely and compassionate notification and ongoing support.

(a) Foster and maintain working relationships with casualty personnel from other regions and collaborate closely with PERS-00C case managers to ensure streamlined case handling and information sharing.

(b) Participate in CNIC Drumbeat Meetings as required, to stay updated with policies, share insights, and enhance inter-regional cooperation on casualty assistance matters.

(c) Train CACOs for notification duties and command assistance in the event of a casualty. Ensure CACOs are aware of this instruction and the NDW CACO Resources page.

(1) Maintain and regularly update a comprehensive database or List to track:

(a) Active NOK cases.

(b) Command assistance cases.

(c) Roster of trained CACOs.

(d) Subarea coordinators' POC, revising as personnel changes occur to ensure current contact information.

(e) After hours support Schedule.

(f) Conduct weekly reviews of all active cases and lists to ensure no detail or case is overlooked, updating information as necessary locally and in DCIPS.

(g) Communicate proactively with relevant stakeholders regarding any issues or potential complications to avoid unexpected negative developments.

(h) To effectively perform their duties, which include reporting, secure communication in emergencies, and daily operational tasks, it is imperative that RCPS will maintain active membership on all necessary websites and platforms required for job functionality. Such as C4i, FLTMPS, CeTARS, and DCIPS. Ensure Continuous Access by regularly updating credentials and adhering to security protocols set forth by these websites to prevent any disruption in service or capability and to respond to emergencies.

(i) Use the Outlook shared calendar to schedule, display and view approved leave, etc. Update any changes immediately to ensure visibility and continuous coverage.

8. Training

a. CACOs are required to complete NDW CACO training prior to serving as CACO and once every three years thereafter.

b. The NDW RPCS will announce a formal training schedule for each calendar fiscal year. This schedule will include dates, locations, and prerequisites, which will be published on the NDW CACO Resources webpage.

# 9. Travel

a. CACO reimbursement of expenses. CACOs incurring personal expenses during their assignment will be reimbursed, per Joint Federal Travel Regulations. Reimbursable expenses

include privately owned vehicle mileage and tolls. Other expenses must be approved through the authorizing command.

(1) To obtain reimbursement for expenditures, CACOs will submit claims to their Command Authorizing Agent with official receipt for verification and liquidation.

(2) Required documents and procedures include creating a local voucher in the Defense Travel System and maintaining receipts for expenditures.

b. NOK Travel. It is nuanced and all efforts must be made to understand the applicable entitlements, established by the Joint Federal Travel Regulations and MIPERSMAN articles 1770-270 and 1770-271 and by consulting with the NDW CACO RCPS in order to be properly brief the NOK before they make travel arrangements. CACOs must be familiar with references (c) through (e).

# 10. Funeral Honors and Memorial Ceremonies in the Capitol Region

a. For those Regions assisting families attending Funeral and/or Memorial Services, with an emphasis on providing exemplary support due to their location in the Capitol Region, assistance is requested in ensuring seamless coordination for families choosing to inter their loved ones at Arlington National Cemetery (ANC) and elsewhere in RNDW.

b. Other Regions are hereby requested to provide RNDW the Authorized Travelers' Point of Contact (POC) information and itineraries. Additionally, inform NDW of any special needs the Authorized Travelers' might have, understanding that NDW does not provide baby seats or wheelchairs.

c. Submit all necessary details to RNDW at least 10 days prior to the ceremony date to facilitate the arrangement of local transportation and Courtesy CACO support. Cooperation in this matter is mandatory and greatly appreciated to uphold the Navy's commitment to its service members and their families during these solemn occasions.

11. <u>Records Management</u>. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItem s.aspx. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Office of the Chief of Naval Operations (OPNAV) Records Management Program (DNS-16).

12. <u>Review and Effective Date.</u> Per OPNAVINST 5215.17A, NDW N04 will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40, Review of Instruction. This instruction will be in effect for 10 years unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

13. <u>Forms.</u> The DD Form 397, OPNAV Form 1770/1, OPNAV Form 1770/2, OPNAV Form 1770/3 and are available on the CNIC Web site at: https://ndw.cnic.navy.mil/About/NDW-CACO-Resources/

Ð. J. ADAMS Chief of Staff

Releasability and distribution:

This instruction is cleared for public release and is available electronically via NDW SharePoint, https://flankspeed.sharepoint-

mil.us/sites/CNICGlobalHub/directives/Directives/Forms/CNRNDWRegion.asp

# NOTIFICATION OF PRIMARY NEXT OF KIN CHECKLIST

1. Contact the Regional Casualty Assistance Calls office before departure for specific guidance. Provide the Region with member's full name, email, cell phone number, and parent command.

2. Personnel Casualty Report (PCR) and Beneficiary Forms (PII): Must have in hand copies of the PCR; DD Form 93, or page 2 (PG2) of the service member's personnel file; and Servicemembers' Group Life Insurance (SGLI). These will be emailed to the Service member if needed.

3. Notification Team: Is composed of a CACO-trained individual, a driver that the CACO can trust, and a Chaplain. Civilians may not be part of this team. Contact the NDW ROC or RDO at (202) 439-4243 to request a Chaplain. Do not delay notification by more than 20 minutes while waiting for a Chaplain. Notification is a military responsibility. Never conduct a notification alone. And always notify in person unless otherwise approved for or directed by higher authority for personal safety precautions.

4. Language Barriers: Identify possible language barriers and arrange interpreter support if possible. Notify the Region of this issue. Use Google or the Apple Translate App.

5. Latest Information: Contact the parent command to inform that the notification is in progress and to receive the latest information concerning the casualty. Check the PCR for the command point of contact (POC).

6. Transportation: Obtain a Government vehicle. Check with the Command Duty Officer (CDO) or with Base Security for available vehicles.

7. Directions and Map: Utilize reliable technology equipped with Global Positioning System (GPS) capabilities to navigate to the home. Obtain directions or a map to the residence of the NOK or verify the route using GPS. If uncertain about the directions, consult with the local Police Department for guidance.

8. Calling Card: Print several CACO calling cards; templates are available on the NDW CACO Resources webpage. Alternatively, bring a pen and paper for notetaking and contact information exchange.

9. Uniform: Prepare proper uniform for the notification visit: ensure member wear's the seasonal service dress uniform. If a Chaplain is accompanying the member, coordinate to ensure both wear matching uniforms.

10. Time of Notification: Notification will be made between the hours of 0500 and 0000 unless one of the following circumstances occurs:

- a. Death occurred in a theater during war. Member was KIA.
- b. High media interest.
- c. Otherwise directed by Navy Casualty or the Regional Commander.

11. Media Attention: If member, the CACO, or the beneficiaries are contacted by the media, direct the media to contact the Public Affairs Officer (PAO) for information. If the command does not have a PAO, instruct them to reach out to the Immediate Superior in Charge's PAO or the Regional PAO.

12. In-Person Contact with the NOK: Immediately verify, identify, and make in-person contact with the NOK. Explain your role, offer your condolences, inquire about any immediate needs or questions, and ensure understanding is clear. Respond empathetically to their emotional state and practice active listening. If the notification must occur at their workplace, coordinate with a manager or someone in charge to secure a private location for the conversation. Arrange safe transportation home for the NOK. Remember, your conduct during this Notification Visit will likely form the family's enduring perception of the Navy as an institution that cares for its members.

13. Notification:

a. Identify yourself and, if applicable, introduce the second person accompanying you (e.g., Chaplain). Present a calling card if available.

- b. Confirm the identity of the NOK.
- c. Confirm their relationship to the service member.
- d. Request to enter the home and ask to sit down, saying, "Can we sit down?"

f. CACOs are not to notify minors; you are not trained for this task. Always communicate with the parent or guardian.

14. Provide clear and factual statements regarding the incident as outlined in the PCR. Inform the PNOK about the current location of the remains. Notify the PNOK that the American Red Cross can assist in contacting any other active-duty relatives. Advise the PNOK that a letter of condolence from the CO will be forthcoming, and offer your assistance in obtaining the results of any investigations related to the death.

15. Dignified Transfer of Remains (DTR): If the service member was killed in action, inform the NOK about the details of the DTR. Obtain preferences regarding media coverage as per DoD Instruction 1300.18. During the notification visit, ensure that the DTR paperwork and OPNAV

Form 1770/2 are completed. These are the only forms that must be finalized during this visit. Given the proximity to Dover AFB, where DTRs occur, you are responsible for transporting authorized travelers in a government vehicle to and from the transfer. This is a CACO responsibility.

16. Notifying Other U.S. Navy Active-duty Relatives: Inform the NOK that PERS-00C can assist with notifying any other active-duty relatives. Collect as much information as possible about the active-duty relative, close friend, or fiancée. Only NOK listed as beneficiaries are entitled to full CACO services.

17. Letter of Circumstances: Inform the NOK that a condolence letter is forthcoming from the CO, and then follow up with the parent command to ensure the letter is prepared and mailed to the NOK within 48 hours.

18. Investigations: Advise the NOK that investigations will be conducted as warranted—i.e., Line of Duty, Judge Advocate General, Aircraft Mishap, or police report. Tell them that you can assist them in completing the requests for this information on a later visit and will keep them apprised of the status of any relevant investigations.

19. Immediate Needs: Inquire as to any immediate needs of the NOK (for example, emergency financial needs). Assistance can be obtained from the local Navy-Marine Corps Relief Society, Family Services, OMBUDSMAN, and the American Red Cross.

20. OPNAV Form 1770/1: This form must be printed and available for each adult beneficiary's signature during the notification visit. Ensure you bring extra copies as each adult beneficiary requires their own form, while minors are listed under their guardian's form. Explain to the NOK that declining consent to share contact information on this form will not impact the processing of benefits or other official actions. This form only pertains to whether government officials may contact them for condolences or related matters. Reminder that only one person should complete each form for their personal information, and a signature is required regardless of their decision on contact consent.

21. OPNAV Form 1770/2: This form does not require signatures but must be utilized whenever travel is involved. It serves to request an itinerary from Navy Casualty for inclusion with a travel claim, facilitating reimbursement. Before discussing travel entitlements with the NOK, ensure you receive a travel brief from the NDW RCPS.

22. OPNAV Form 1770/3: This form does not require signatures from either the CACO or the NOK. However, its purpose is crucial as the information gathered here is used by Navy Casualty to certify and authorize benefit payments. It's important to type the information, scan the completed form and submit it to the RCPS. The CACO should ensure accuracy in recording the date of birth, Social Security Number, and full name. Verify that the address includes the ZIP code +4 (e.g., 12345-6789). Do not have the NOK complete this form by hand. Errors in this

form can lead to delays and frustrations in processing benefits. Given that beneficiary documents might be outdated, this form helps in updating the official records with the NOK's current contact information. While this form should be completed as soon as possible, be mindful of the NOK's emotional state and condition. Remember, the benefit process cannot commence without this form being submitted.

23. Benefits should not be discussed during the first visit, especially when the beneficiary documents are not up-to-date or not signed.

\*Forms Download site: https://ndw.cnic.navy.mil/About/NDW-CACO-Resources/.

\*Important Phone Numbers:

NDW ROC: (202) 433-5180	NDW RDO: (202) 439-4243
NDW CACO Specialist: (202) 369-	Navy Casualty Duty: (901) 634-9279
6419/0737	
Mortuary Affairs Duty: (901) 619-8157	Navy Gold Star Cell: (901) 930-8578

\*Important E-mail: NDWCasualty@us.navy.mil

# CHECKLISTS FOR DEATH OF RESERVIST, DEPENDENT, OR CIVILIAN EMPLOYEE

1. Reservist Death (While Not on Active Duty)

a. This type of casualty is not a CACO case.

b. The PNOK may have entitlements as designated in the SGLI beneficiary document on file.

c. The command may assign a Courtesy CACO to assist the PNOK to apply for benefits.

d. The parent unit or command is responsible for:

(1) Reviewing Naval Military Personnel Manual (MILPERSMAN) Article 1770-030, Personnel Casualty Report Procedures.

(2) Making the casualty report, PER the DCIPS-PCR Guide, Version 3, 2018.

(3) Calling Navy Casualty at (800) 368-3202 to identify the Case Manager who will be assisting the beneficiary.

(4) Ascertaining from Navy Casualty the benefit entitlements and explaining them to the beneficiary.

(5) Providing the beneficiary all the information needed to follow up on the claims.

2. Death of a Dependent

a. This type of casualty is not a CACO case.

b. The sponsor may have entitlements as designated in the SGLI beneficiary document on file.

c. The command may assign a Courtesy CACO to assist the sponsor to apply for benefits.

(1) The parent unit or command is responsible for:

(2) Reviewing MILPERSMAN Article 1770-030.

(3) Making the casualty report, PER DCIPS-PCR Version 3, 2018.

(4) Identifying the Navy Casualty Case Manager POC by calling (800) 368-3202.

3. The sponsor will have to follow up with Navy Casualty, Office of Family SGLI, to provide any documents required to substantiate the claim.

4. The Office of SGLI will answer any questions with regard to this claim. Direct Line (901) 874-6662.

5. Death of a DoD/Department of the Navy Civilian Employee (Continental United States and Outside the Continental United States).

a. This type of casualty is not a CACO Case.

b. The beneficiary listed in the HR records may have entitlements as per beneficiary documents on file with the Human Resources Office (HRO).

c. The parent unit or command is responsible for:

(1) Reviewing MILPERSMAN Article 1770-030.

(2) Reviewing DoD Instruction 1300.18, Part 6, Casualty Reporting.

(3) If appropriate, making the casualty report, PER the DCIPS-PCR Guide, Version 3, 2018.

(4) Assigning a Courtesy CACO to conduct a one-time visit with the PNOK, accompanied by a Human Resources/Activity representative, to convey condolences and to ensure the PNOK has the HRO POC info to assist with the benefit claim process, which may include unpaid compensation and life insurance.

6. If the death occurred while on orders and away from home, contact Mortuary Affairs Duty, cell (901) 619-8157, to discuss returning the remains home.

7. All questions must be directed to the local HRO/Human Resources Activity. Download site: https://ndw.cnic.navy.mil/About/NDW-CACO-Resources/.

# COMMAND RESPONSIBILITIES CHECKLIST

1. The essential list of command actions in response to a death at the command, listed in chronological order:

a. Immediately: Locate and identify the remains. This information is needed in the PCR. The Mortuary Affairs Office (MAO) needs to know this information; call Mortuary Affairs Duty, (901) 619-8157.

b. Call the NDW ROC or RDO to inform of the casualty and, if needed, to request a Chaplain. Provide the command representative's POC to work with the Region in this case.

c. Immediately:

(1) Complete and submit the PCR within four hours of learning about the death. Strongly encourage the command to verify the accuracy of the information in the Navy Family Accountability and Assessment System (NFAAS), especially against the PG2/DD93 records. The PCR will be reviewed by higher authorities and CACOs involved in the notification. Any information that could expedite the notification process should be included in the remarks section of the PCR, along with a Point of Contact (POC) cell phone number for subsequent inquiries or clarifications. Examples of critical details to add include:

(a) Notification to spouse by command CACO is underway.

(b) Spouse is Japanese born with limited English proficiency.

(c) Address listed on PG2/DD93 is incorrect; according to the latest NFAAS entry, the spouse is at [new address].

(d) Unable to provide official/signed copies of beneficiary documents; request Navy Casualty to provide the latest PG2/DD93.

(e) For Duty Status Whereabouts Unknown (DUSTWUN) PCRs, updates are required daily for up to 10 days, detailing search efforts. This information will be communicated in person to those NOK listed on the PG2/DD93, in accordance with MILPERSMAN Articles 1770-020 and 1770-170.

d. Immediately. Given the urgency of immediate notification, particularly for NOK outside the command's area, it is crucial for the Command Representative to call and confirm that the report has been received by Navy Casualty. This ensures that the notification process can proceed without delay. During normal hours: call Navy Casualty at (800) 368-3202. After hours phone number: (901) 634-9279.

e. Immediately: If the deceased service member lived in barracks, roommates may need relocation while the PERSEFF are secured and inventoried as per MILPERSMAN Article 1770-200. For single off-base residents, ensure a command visit to check utilities and pets, notify the landlord for a safety visit, and photograph high-value items. Note any inaccessibility to living quarters. The CO must return PERSEFF and HHG to the PERE within two weeks, with Navy Casualty identifying the PERE and funding the shipment.

f. Within 48 hours: Assign a Line of Duty Investigation Officer. Survivor Benefit Plan (SBP) payments will not start until 60 days after the investigation is completed.

g. Within 48 hours: Assign in writing at least two individuals as the Inventory Control Board (ICB) to inventory and account for the service member's PERSEFF in Government living and workspaces.

(1) Letter of Designation of a Command Representative for effecting personal property move.

a. Within 48 hours: Assign in writing an individual to be the person to handle the PERSEFF of the deceased. This individual will work with the ICB and the local Personal Property Office to ensure the PERSEFF, including vehicles, are ready to be shipped to the designated PERE within 14 days from the date of death.

b. Within 48 hours: Locate and retrieve the Sailor's dress uniform to be provided to the local funeral home for the preparation of the remains. If the uniform is not available, or it is unusable, Mortuary Affairs will provide them per the command's request. Lack of a uniform must not be a reason to delay the funeral.

c. Within 48 hours: Provide the spouse and parents of the deceased a letter of condolences from the CO.

d. Within 48 hours: Hold a progress meeting and repeat as necessary to monitor progress and review challenges to overcome. The Regional Casualty Program Manager (RCPM) must be kept informed of the progress and will provide guidance and support.

e. Within 72 hours: Locate the service member's vehicle(s). Once the vehicle is located, take pictures of it, the registration, and the title to determine the vehicle's owner. If the vehicle is parked on base, inform local base police to maintain security over it.

f. Within 72 hours: Provide PERS-00C input for the CNO's letter to the NOK. This input may consist of a few sentences about the service member's accomplishments, including any friendly name the service member was known by to his or her friends.

g. Within 72 hours: Locate a local police report, as applicable. No later than 48 hours after death reporting, PERS-00C will send the triad correspondence requesting some of the above information.

2. Cases can differ significantly in complexity. The Command Representative will collaborate with the RCPM to address the above tasks as needed. If the NOK resides within 50 miles of the command, the individual serving as the NOK CACO might not be the same as the Command Representative overseeing the administrative tasks/Command Responsibilities.

3. The parent command of the deceased must remain engaged throughout the entire process. The triad is responsible for always safeguarding the welfare of the family. This includes overseeing the disposition of remains and ensuring the receipt of all benefits and entitlements, including the return of PERSEFF.

# CASUALTY ASSISTANCE CALLS OFFICER LETTER OF DESIGNATION

1770 N00 XX Xxx XX

From: Commanding Officer, Naval Support Activity To: (RANK NAME, USN)

Subj: DESIGNATION AS COMMAND CASUALTY ASSISTANCE CALLS OFFICER

Ref: (a) NDWINST 1770.2D (b) CNICINST 1770.2B

1. According to reference (a), the individual addressed in the 'To' line is now officially appointed as the CACO for Naval Support Activity. \_\_\_\_\_.

2. The CACO shall familiarize with references (a) and (b) while carrying out the duties and responsibilities.

3. This designation will stay active until it is formally withdrawn by letter or upon the transfer from this command.

RANK NAME Office telephone: (---) ----

Email: -----

After hours and emergencies: Cell phone: (---) ----

CDO cell phone: (---) ----

/S/

Copy to: Member NDW CACO Representatives (RPS)

# BENEFITS VISIT CHECKLIST

1. Death Gratuity (DG) - DD Form 397 and EFT Form: Defense Finance and Accounting Service (DFAS) will handle the payment, requiring a voided check from the beneficiary's bank. Complete and fax/email these documents to the RCPS. Note the unavailability of a check on the EFT form. Verify all numbers to ensure they match the NOK's account, as routing numbers must be accurate. Incorrect deposits require recovery by DFAS before reissuance. The Place of Death block must match the PCR.

2. Unpaid Benefits (UPPA) - SF Form 1174 and 365 Basic Allowance for Housing (BAH-365): These forms require the NOK's signature. BAH-365 applies to spouses and dependents. The SF 1174 will be emailed to the CACO by PERS CACO with instructions to complete.

3. Disposition of Remains Form (DOR) DD Form 3045 used for bringing the remains home. After proper forms are signed by the Person Authorized to Direct Disposition of Remains (PADD) and submitted to MAO, the Navy will arrange transport as directed by the PADD. Refer to enclosure (6) for details and arrange for a separate Funeral Arrangement visit.

4. Standard Government Headstone or Marker - VA Form 40-1330: The Veterans Administration (VA) provides a headstone or marker free of charge. If the PADD opts for a civilian-procured alternative, they are responsible for the cost.

5. SBP/Dependent Indemnity Compensation: These forms require the NOK's signature. Applicable to spouses and dependents. The CACO will receive instructions via email from the Navy Casualty Case Manager.

6. Gold Star Introduction. No later than 14 days after notification, the CACO must call Navy Gold Star to inform them of the case and discuss case needs.

7. Benefit Package: Ten days after notification, the CACO will receive a FedEx package containing documents for the NOK. Review for accuracy before delivery to the NOK. Notify the Region of receipt. The package includes instructions for the CACO to download additional relevant forms. Delivery on time is monitored by the Department of Defense (DoD).

8. DD Form 1300 (Report of Casualty): This form is produced by Navy Casualty based on the updated NOK information from OPNAV Form 1770-3. It is crucial as it serves as proof that the member died in Active Duty. Contains beneficiary information essential for proving eligibility for VA and other benefits. It is included in the Benefit Package, this document must be carefully reviewed by the CACO before delivery to the NOK to avoid any Personally Identifiable Information (PII) spillage.

9. SGLI. The form can be downloaded from the VA website. It needs the NOK's signature and a copy of the DD Form 1300. The DD Form 1300 is usually available 10 days after notification.

10. HHG and PERSEFF. The parent Command's Commanding Officer (CO) is responsible for ensuring the proper inventory and return of the decedent's effects to the Person Entitled to Receive the Effects (PERE) within 14 days from the date of death. Navy Casualty determines the PERE as per legal guidelines, which typically prioritize in the order of Spouse, Eldest Child, Elder Parent, etc.

11. New Military ID and Defense Enrollment Eligibility Reporting System (DEERS). Dependents need to have their IDs updated so that DEERS may be accurate and their medical and dental coverage may be without premiums for three years.

12. Social Security Administration Burial Benefit. For spouse and/or child. A special number is set up for the spouse or guardian to call, (866) 777-7887, during working hours 0700 to 1600 EST.

13. Thrift Savings Plan (TSP) Refund. It is not always known whether the deceased participated in the Survivor Benefit Plan (SBP), a retirement program. The NOK should be advised to contact the Thrift Savings Plan (TSP) at 1-877-968-3778 to learn if they are a beneficiary. From the main menu, press 3 to speak with a participant service representative. TSP will then inform the NOK if they are a beneficiary and guide them on how to proceed with the refund process. They will request the DD Form 1300 and Death Certificate for verification.

14. Montgomery GI Bill (MGIB) Refund. The CACO should fax or email a request letter to the provided address mgibrefund.vbabuf@va.gov, utilizing the template found on the NDW CACO Resources page. Include a copy of the DD Form 1300 to facilitate the refund process.

15. Presidential Memorial Certificate (PMC). Download and complete the PMC Request Form (VA Form 40-0247). Request form posted on the NDW CACO Resources page.

16. Travel Claims. Strict adherence to the MILPERSMAN Articles 1770-230, 270, and 271 is mandatory. Also, the CACO must obtain guidance from the CACO RCPS before discussing travel with the NOK to avoid confusion and frustration when processing NOK travel claims.

17. Incident Reports. Every effort will be made to assist the NOK in receiving copies of the reports created from the casualty. The CACO may use Freedom of Information Act requests, some of which are sampled in the CACO Student Guide.

18. Casualty Assistance Report (CAR). This report requires the NOK signature. Use it to document completed critical steps in the performance of CACO duties. CACOs will update the checklist every 30 days and submit to Region until all items are complete. CACO shall liaise with Regional Navy Gold Star Coordinator to ensure seamless transfer of services from CACO to Navy Gold Star. The CAR Report fillable PDF is available at the NDW CACO Resources page.

19. Navy Gold Star Turnover. Once all major military benefits have been paid, the funeral has been completed, and the DD Form 1375 has been submitted to Mortuary Affairs, the case may be turned over to Navy Gold Star for long-term care.

### FUNERAL ARRANGEMENTS VISIT CHECKLIST

1. <u>Location of Remains</u>. Determine the location of the remains before contacting the PADD. Typically, remains remain at the local examiner's office until MAO receives the DD Form 3045, Statement of Disposition of Military Remains (DOR). DOR form requires full completion and signatures from the PADD and two witnesses. After signing, submit the form to Mortuary Affairs and send a copy to the RCPS.

2. <u>PADD's Mortuary Brief</u>. Navy service members licensed as Funeral Directors and Morticians work at the MAO. The CACO must call the Duty Mortician to be briefed and discuss the forms needed and the process involved to get the remains "home" as requested by the PADD.

### 3. Forms for the PADD's Signature (PII)

a. DD Form 3045. Explain the six options to the PADD, who must initial their chosen option. PADD provides details for blocks 6 and 7. Obtain form from MAO. Scan and email, ensuring PII protection. Any questions about this process go to the Duty Mortician (901) 619-8157

b. DD Form 1375, Request for Payment of Funeral and/or Internment Expenses. Attach Funeral Bill/Invoice and Commercial EFT Form; submit to MAO and RCPS. Review it before forwarding to MAO. It also may be used for the reimbursement of other related expenses such as engraving brass plate for the Woode Flag Case and Obituaries, but not for food or drinks. Obtain form from MAO. Scan and email, ensuring PII protection. Any questions about this process go to the Duty Mortician (901) 619-8157

4. <u>Commercial EFT Form (PII)</u>. The funeral home must fill out this form to receive payment from Mortuary Affairs for services rendered. Submit this form along with DD Form 1375 and the funeral home invoice to MAO right after services. Obtain form from MAO. Scan and email, ensuring PII protection. Any questions about this process go to the Duty Mortician (901) 619-8157.

5. <u>Flag Case Request</u>. Flag cases typically take 3-5 weeks to arrive. Due to glass content, they are shipped to the CACO for damage inspection before delivery to NOK. Replace any damaged cases. Any questions about this process go to the Duty Mortician (901) 619-8157.

6. <u>Active Duty Funeral Honors</u>. The CACO must contact the NDW Funeral Honors Office to arrange funeral honors if they are requested. The Funeral Honors Office will provide the CACO with details regarding the ceremony. In our Region NDW, the U.S. Navy Ceremonial Guard is the sole authorized provider of funeral honors for active-duty Sailors. The U.S. Navy Ceremonial Guard must be informed of both a primary and a secondary date for the funeral, if not at Arlington, as soon as possible to ensure they can perform the Honors Ceremony. The CACO is responsible for informing the Region of the date of the funeral and any additional dates concerning the movement of the remains.

7. <u>Funeral and or Memorial Travel</u>. The CACO must review the MILPERSMAN Articles 1770-270 and 1770-271 to understand the travel entitlements. The CACO is responsible for both informing the Region of the date of the funeral and any additional dates concerning the movement of the remains and must also request a travel process brief from the Region before discussing travel with the Authorized Travelers.

8. <u>Navy Escort</u>. Supervision and Coordination: Navy Escorts fall under the funding and supervision of the Mortuary Affairs Office (MAO). The MAO and the Escort must connect as soon as possible to discuss:

- a. Escort responsibilities.
- b. Government Travel Card and Defense Travel System (DTS).
- c. Funding for travel and providing travel itineraries.
- d. Arrangements for providing the burial flag.
- e. The Manual for Escorts of Deceased Naval Personnel.
- f. Additional Special Escorts and other procedural variations.

9. <u>Pre-Departure Preparations</u>. The Escort will contact the funeral home responsible for preparing the remains to ensure all necessary items, including the uniform, burial flag, and travel itinerary, are properly arranged before the remains are moved.

MAO/Duty Mortician After Hours: (901) 619-8157 Normal Hours: (866) 787-0081 NDW Funeral Honors Office: (202) 685-0066 U.S. Navy Ceremonial Guard: (W) 202-433-4088 - (C) 703-939-0515

# CHECKLIST FOR VERY SERIOUSLY ILL/SERIOUSLY ILL VISIT

# 1. Responsibility for PCR and Notification to NOK

a. Immediately obtain the service record or electronic record, including, PG2/DD93 (Record of Emergency Data) and SGLI.

b. If a Sailor is hospitalized in a military hospital, the command is responsible for preparing the PCR and notifying both the Primary Next of Kin (PNOK) and SNOK in person or by phone, unless the service member has specified different notification preferences in the PG2/DD92. A member of the triad or a designated representative will consult with the treating physician to determine if a bedside visit is warranted. The attending physician will then prepare a supplemental PCR that authorizes or denies the "BEDSIDE WARRANTED" status. Furthermore, the hospital is required to submit progress updates to the Navy Personnel Command (NPC) every 10 days until the Sailor is either removed from the Seriously Ill/Very Seriously Ill list or discharged. It's crucial for the command to stay in continuous communication with the hospital to monitor the service member's condition. The decision on bedside status comes from the Attending Physician or the area Medical Cognizant Command (MEDCOG), with the funding for travel to visit the bedside approved by NAVPERSCOM/NAVY CASUALTY (PERS-00C) for those eligible.

c. If a Sailor is hospitalized in a civilian hospital, the command responsible for the service member's service record or electronic record will submit a PCR and notify both the PNOK and SNOK in person or by phone, unless the service member has specified different notification preferences in the PG2/DD92. On the PCR comments section, it must be stated the name and POC for the civilian attending physician assisting the member. The area MEDCOG will reach out to the treating physician at the civilian hospital to assess the service member's condition and determine "BEDSIDE WARRANTED" status. The command is expected to provide updates to the NOK at least weekly until the Sailor is no longer designated as Seriously III or Very Seriously III. Additionally, MEDCOG will update the PCR every 10 days until the Sailor is either removed from this list or discharged.

d. Contact the Regional PM. If after hours, call the ROC at (202) 433-5180 and (PERS-00C) at (800) 368-3202 for assistance.

# 2. Bedside Travel Visit/Request

a. If MEDCOG has granted bedside travel for the Sailor, a Courtesy CACO will be established.

(1) If a service member is listed as Very Seriously Ill/Injured and bedside travel is approved by the MEDCOG, a Courtesy Casualty Assistance Calls Officer (CACO) will be assigned to assist the Authorized Travelers with their travel claims and Fisher House lodging if available.

(2) The assignment of Courtesy CACOs is directed by PERS-13 through the RCPS. However, if the Sailor is hospitalized in a civilian hospital within a 20-mile radius of the command, the command itself will appoint a Courtesy CACO and must notify the RCPS of this appointment as soon as possible.

(3) The NOK's presence at the bedside may be warranted by a military medical physician. (PERS-00C) will fund bedside travel and per diem of the NOK to bedside, normally no more than three NOK. Family should use the toll-free number (800) 368-3202. The command should assign a Courtesy CACO to assist the NOK as needed.

(4) The Courtesy CACO will need to complete the OPNAV Form 1770/2 with the Sailor and forward to the RPS.

(5) Once the travelers have arrived, complete the DD Form 1351-2 Travel Claim and direct deposit (EFT) paperwork. Submit all forms to the RCPS for processing at (PERS-00C).

b. Complete the 1770/2 when the travelers are ready to return home. Submit all forms to the RCPS for processing at (PERS-00C).

# COURTESY CASUALTY ASSISTANCE CALLS OFFICER CHECKLIST

1. The CACO must review the MILPERSMAN Articles 1770-270 and 1770-271. These articles promulgate the entitlements the CACO will assist with and the category of individuals who are entitled by law. These are Federal laws and there must be no deviation from them. The CACO must:

a. Work with the RCPS to receive the list of possible travelers and their POC. Use the OPNAV Form 1770/2.

b. Call the traveler for introduction and to find out any special accommodations they may need. The Navy does not provide wheelchairs or baby car seats.

c. Contact the local Naval Facilities Engineering Systems Command office to secure the vehicles to be used in this mission.

d. Obtain the related travel itineraries from the RCPS. Contact the travelers to verify the travel arrangements. The CACO must provide the travelers a cell phone number to call if there are any flight delays, etc.

e. For authorized ceremonies, the CACO will gather hotel and ceremony location addresses. Courtesy transportation provided by the Navy is limited to the airport, hotel, cemetery, and/or chapel.

f. For command-sponsored memorial ceremonies, the CACO will gather hotel and ceremony location addresses. Courtesy transportation is limited to the airport, hotel, and ceremony venue.

g. The CACO might be required at the tarmac for remains arrival. Coordinate with the U.S. Navy Ceremonial Guard for planeside honors at Ronald Reagan Washington National (DCA), Dulles International (IAD), or Baltimore/Washington International Thurgood Marshall Airport (BWI).

h. The PNOK might request tarmac access for the remains arrival. The CACO should coordinate well in advance with the U.S. Navy Ceremonial Guard to obtain clearance from the local Airport Authority/Transportation Security Administration.

i. Due to Defense Travel System (DTS) protocols, travelers won't receive their itinerary until two days before departure. This short notice often means NOK cannot be present for remains arrival unless they purchase their own tickets. The CACO should ask if the travelers plan to do so. Courtesy CACO attendance at the funeral is expected unless declined by the NOK. Arlington National Cemetery, being a U.S. Army base, requires the Courtesy CACO to contact them at (877) 907-8585 for current security or safety updates to inform the PADD and prevent delays. To expedite processes, the CACO should liaise directly with Arlington National Cemetery to support the PADD, as the funeral home might lack access to specific Navy records or be unable to answer detailed queries.

### 1. Repatriated Remains

a. Only three NOK are generally authorized for repatriation travel. However, the PADD's spouse is an exception to this rule, also being entitled to travel. The NDW RCPS will inform the NOK's CACO about these entitlements.

b. NOK will receive briefings from both Mortuary Affairs POW/MIA representatives and their local area CACO. They should be informed about the limited support they are entitled to, as these entitlements are legislated by Congress.

c. CACOs assigned to families in repatriation (REPAT) cases must coordinate with the Office of POW/MIA. A key benefit in these cases is travel to the ceremony.

WILL NEED TO ATTACH A VOIDED CHECK TO THIS FORM AND THE FORM DD 397.

DEATH GRATUITY PAYMENT FORM					
Privacy Act Statement:					
Authority: USC 570·1,37 USC 404-427, EO 9397,31 USC 3322,32 CFR 209 and/or 210. Principal Purpose(s): Used for payment of death gratuity. SSN is required for payment of benefits. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Routine Use(s): To provide financial institution information for payment of benefits via electronic funds transfer. Disclosure: Volunlary; however, failure to furnish information requested may delay or prevent the receipt of payments through the EFT/DOS programs.					
Name of Beneficiary:	SSN:				
Iclear letters and					
FOR EFT/DDS oavments olease I rovide the followina information:					
Account Type Checking Savings I <circle one<="" td=""><td>Account Number</td></circle>	Account Number				
Name of Financial Institution Financial institution's Routing Transit Number (RTN)					
<b>Note:</b> RTN is available on the bottom of your checks or from your financial institution.					
Signature Date:					
Need Copy of Blank Voided Check - Do Not Google the Routing Number					
Inform Bank of incoming\$\$\$					
The bank could block or freeze the account when large sums of money are deposited.					

NDWINST 1770.2G
30 Oct 2024

2. 0.0.VOUCHER NO.

PreSClibed by OoD 7000 14-
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### CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT

1. BUREAU VOUCHER NO.

CLAIM CERTIFICATION A DEATH GRATUIT (10 U.S.C. 1475-1480 and regu	Y PAYMENT	1. BUREAU VOUCHER NO.	2. 0.0. VOUCHER NO.	0MB No.0730-0017 0MB approval expires 20240731		
Return completed form to the appropriate Service Casualty Office or contact the service Pay or Finance Office for direction on where to submit your completed form. DO NOT return your form to the address in the paragraph below. The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for revieWing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and revieWing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense. Washington Headquarters Services, at wl1s.rnc-alex.esd.mbx.dd-0od-infonnalion-collections@mail.mil. Respondents shoUld be aware that notWithstanding any other provision of law, no person shall be subject to any penalty for failing to comply Witha collection of information if it does not display a currently valid 0MB control number.						
	PRIV	ACY ACT STATEMENT				
AUTHORITY: 10U.S.C.1475-1478, De amended. PRINCIPAL PURPOSE(S): Torecord th the deceased service member, in accord benefits. ROUTINE USE(S): To the Treasury De	nename andaddress of the designation of the designation of the secret partment to provide information	gnated beneficiary(ies) or next-of-kin etary of the Service concerned, and on check issues and electronic fund	eligible to receive the death of the death of the distribution of	gratuity payment for bursement of these evenue Service to report		
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Records (bttg-lidDtld defeose gallleci a DISCLOSURE: Voluntary; however, fail	lure to provide the requested info	ormation may impede or delay tilepr	ocessing of this claim.			
<b>NOTE:</b> Penalties for presenting false daims or making false statements in connection With claims may indude criminal fines or imprisonment of up to 5 years per incident and civil fines in excess of \$10,000 (False Claims Act, as amended, 31 U.S.C. Sections 3729-3733 and 18 U.S.C. Sections 287 and 1001).						
3. APPROPRIATION SYMBOL ANO TI	3. APPROPRIATION SYMBOL ANO TITLE 4. PAID BY					
5.PAYEE NAME	a.ADDRESS	b. CITY	c. STATE	d.ZIPCOOE		
6. SERVICE MEMBER (Lastname - Fin	rst name - Middle initial)	7. <b>SSH</b> (OoO ID for US	SMC Only) 8. GRADE	•		
9. PLACE OF DEATH		10.DATE OF DEATH	11.DUE PAY	EE		
12. CERTIFICATE OF PAYEE FILING CLAIM UNDER SURVIVOR PRECEDENT UST MANDATED BY LAW (Place an •check" in one of the following boxes, according to your relationship to the cteccelent) I certify that I have not received gratuity p:;ry/ that I am applying for under the survivor precedent list and I am:						
		y Block 15andhave Block 15signed by t				
A CHILO OF THE DECEDENT ORDESCENDANT OF A DECEASED CHILO ANO THAT THERE IS NO WIOOW(ER) SURVIVING; THAT THE CONTENT OF BLOCK 13IS ACCURATE AS SHOWN. (If payee is a minor at the time of preparation of this form, Block 15 must be completed by the duly appointed guardian and documentary proof of guardianship furnished. Complete Blocks 13 and 15 and have Block 15 signed by two certifying witnesses/						
D c. D FATHER D	NUTHER	E IS NO WIDOW(ER), OR CHILO S ned by two certifying witnesses.)	URVIVING. (Complete BlocJ-	s 13and 15and have		
D d. DULY-APPOINTEOEXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE PERSON						
D e. OTHER (next of kin of the me under the laws of domicile of the time of the member's dea	the member at Indicate rela	ationship				
DD FORM 397, OCT 2019	PREVIOU	JSEDITION IS OBSOLETE.		Page 1 of 4		

13. CHILDREN OF THE DECEDE NT (ff none, so state. Attach additional pageif more spaceis needed)					
a. NAME (Last, First, Middle Initial)	b. ADDRI	b. ADDRESS (Include ZIP Code)			
14. CERTIFICATE OF PAYEE FILING CLAIM AS A DES or a porlion of the amount payable). Indicate yourrelat the death gratuity not covered by a designation will be	tionship. If a member designates only a portion	of the amount payable, then	the remaining amount of		
D I certify that I havenot received gratuity pay as a designated beneficiary.	r; that I amapplying Indicate relationship				
15. CERTIFICATE OF WITNESSES TO SIGNATURE OF named payee, that I have read the above statement with belief.	hich was signedin my presence, and that said s	atement is true to the best of	my knowledge and		
a. PAYEE ADDRESS (Indude ZIP Code) b. SIGNATURE OF PAYEE (Must be affixed in the presence of two witnesses)					
(1F)IRST WITNESS ADDRESS (Indude ZIP Code) a. A WITNESS SIGNATURE					
(2) SECOND WITNESS ADDRESS (Include ZIP Code) a. A WITNESS SIGNATURE					
16. ADMINISTRATIVE STATEMENT. The above-named designated by the decedent or is eligible under the su		to the death of the decedent;	and has been so		
a. TYPED NAME b. TITLE	c. SIGNATURI	Ē	d. DATE (YYYYMMDD)		
17. PAYMENT					
a. PAID BY CHECK DRAWNIN FAVOR OFPAYEE NAMED ABOVE					
(1)CHECKNUMBER	(2)AMOUNT OFCHECK	(3)DATE OFCHECK (YYYY)	MMDD)		
b. ELECTRONIC FUNDS TRANSFER (EFD					
(1)BANKING INSTITUTION	(1)BANKING INSTITUTION (2) ACCOUNTNUMBER (3)ROUTING NUMBER				
DD FORM 397, OCT 2019	PREVIOUS EDITION IS OBSOLETE.	1	Page2of 4		

INSTRU	JCTIONS
1. BUREAU VOUCHER NUMBER.	e. OTHER (next of kin of the person entitled under the laws of
2. 0.0. VOUCHER NUMBER	domicile of the person at the lime of the person's death). Indicate relationship.
3. APPROPRIATION SYMBOL ANO TITLE	13. CHILDREN OF DECEDENT. Only fill in if daim is on behalf of a child of the decedent.
	13. CHILDREN OF DECEDENT. Only fill in if daim is on behalf of a
<ul> <li>a. WIDOW/WIDOWER (If this is the onlyblock you ·x-, proceed to block 15).</li> <li>b. A CHILD OF THE DECEDENT OR DESCENDANT OF A DECEASED CHILD AND THAT THERE IS NO WIDOW(ER) SURVIVING. (If child is a minor, guardian must sign in block 15b and have two witnesses complete blocks 1Sb(1) and 15b(2) and provide a certified copy of the appointment paper if a guardian of a minor child, or children, has been appointed by the court (as distinguished from being awarded physical custody).</li> <li>C. THE FATHER/MOTHER OF THE DECEDENT. (If you ·x· this block, you are also certifying that there is no surviving widow(er) or Child).</li> <li>d. DULY-APPOINTEDEXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE PERSON.</li> </ul>	(2) Account Number. Enter the payee's account number where the payment should be deposited.

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#### OPNAVINST 1770.1 (Series) OMB No. 0703-0076 OMB Approval Expires: 01/31/2026

CUI (when filled in)

# CONSENT TO RELEASE PERSONAL INFORMATION

#### PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 5013, DoDD 1300.15 Military Funeral Support; DoDD 1300.22 Mortuary Affairs Policy; DoDI 1300.18 Personnel Casualty Matters, Policies, and Procedures; Office of the Assistant Secretary of Defense Memorandum, Subject Defense Casualty Information Processing System, dated Oct 22, 1999; E.O 9397 (SSN), as amended; and SORN A0600-8-1c AHRC DoD.

**Purpose**: To provide DoD with a single joint military casualty information processing system; to provide support for the management of casualty and mortuary affairs by the Services Casualty and Mortuary Affairs Offices; to respond to inquiries; to provide statistical data comprising type, number, placer and cause of incident to DoD Services' members; and to support the families of service members. To obtain consent to release personal information of the next of kin of Service Members who are Duty Status Whereabouts Unknown (DUSTWUN), missing, or deceased. **Routine Uses**: In addition to those disclosures generally permitted under Title 5 US Code Section 552a(b) of the Privacy Act of 1974, these records

Routine Uses: In addition to those disclosures generally permitted under Title 5 US Code Section 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to Title 5 US Code Section 552a(b)(3) as follows: Information from these records may be disclosed to the Department of Veterans Affairs, and other Federal agencies in connection with eligibility, notification and assistance in obtaining benefits due, to third parties offering private victim relief and condolences as a result of a Service Member's death. **Disclosure**: Voluntary. However, failure to provide the requested information may cause payments of benefits and entitlements to be delayed.

#### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, **OMB 0703-0076**, is estimated to average .5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

#### AUTHORIZATION STATEMENT

I hereby authorize the U.S. Navy, through it agents including my Casualty Assistance Calls Officer, to release the personal information as identified for the individuals listed below to any individual(s) or organization(s), to include Members of Congress, making an offer of support and condolences in the form of letters. gifts, grants and financial relief. I understand this authorization may be revoked at any time, if requested in writing by me, except to the extent that action has already been taken. I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult to whom the requested information or record applies. Each legally competent adult *(over the age of 18)* must complete a separate form and provide his or her signature.

I DO NOT authorize disclosure of my contact information.

Name of Deceased Service Member:		ADD ROW	DELETE ROW
Name	Address	Phone	Number
Name (Please Type or Print):	Signature:	Date:	
OPNAV 1770/1 (Rev. MAR-2023)	CUI (when filled in) CONTROLLED BY: CUI CATEGORY:	P	age of

5

LDC: POC:

CUI (when filled in)

NDWINST 1770.2G OPNAVINST 1770.1 (Series) 30 Oct 2024 OMB No. 0703-0076 OMB Approval Expires: 01/31/2026

# NEXT OF KIN TRAVEL REQUEST

#### PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 5013, DoDD 1300.15, Military Funeral Support; DoDD 1300.22, Mortuary Affairs Policy; DoDI 1300.18, Personnel Casualty Matters, Policies, and Procedures; Office of the Assistant Secretary of Defense Memorandum, Subject: Defense Casualty Information Processing System, dated Oct 22, 1999; E.O 9397 (SSN), as amended; and SORN A0600-8-1c AHRC DoD.

**Purpose**: To provide official travel services; determine eligibility for transportation; to authorize or deny transportation; and otherwise manage the Navy-wide passenger transportation system. Information is also used for audit or research purposes to obtain background information/data. **Routine Uses**: In addition to those disclosures generally permitted under Title 5 US Code Section 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to Title 5 US Code Section 552a(b)(3) as follows: Information from these records may be disclosed to the Department of Veterans Affairs, and other Federal agencies in connection with eligibility, notification and assistance in obtaining benefits due, to third parties offering private victim relief and condolences as a result of a Service Member's death.

**Disclosure**: Voluntary. However failure to provide the requested information may cause payments of benefits and entitlements to be delayed.

#### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, **OMB 0703-0076**, is estimated to average .5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. Service Member's	Full Name (Last, First, Mi	iddle):					2. Date of Request:
SECTION 1: INFORMATION OF TRAVELER							
3. MR F MS MRS	ull Legal Name of Trave	eler (last, first, midd	lle):				
4. Date of Birth:	5. Full SSN:	6. Gender:		7. Relatio	nship to Service Memb	oer:	8. Telephone Number:
9. Address ( <i>street address, city, state, and zip code+4</i> ): 10. E-Mail Address:							
11. Is Traveler in the Defense Travel System (DTS)?       12. Is Traveler Indicator Contact Information DoD Employee? Provide Command Travel Coordinator Contact Information below:         If YES       NO							
			TRAVEL S	PECIFIC I	NFORMATION		
13. Purpose of Trave transfer, bedside	l (i.e. funeral, memorial, travel):	dignified	14. Date o	of Event:	15. Location of Even <i>cemetery)</i> :	nt <i>(city and</i>	state: If applicable, name of
16. Traveling via pers	onally owned vehicle (F	POV)?	8	17. Trave	ing via commercial air	line?	
YES NO							
If YES, indicate as driver or passenger:				If YES, was flight scheduled by U.S. Navy or traveler:			
18. Preferred Airport	for Departure to Event:	SSENGER			U.S. NAVY		and Time of Departure:
20. Traveling via PO	/ to Airport?			21 POV	parked at Airport?		
YES	NO s driver or passenger:	SSENGER			YES	<u> </u>	NO
22. Preferred Airport	for Arrival to Event:					23. Date	and Time of Return:
OPNAV 1770/2 (Rev.	MAR-2023)		CUI (whe	n filled in)	CONTROLLED BY: CUI CATEGORY:		LDC: POC:
				6			Enclosure (9)

Additional Information:

- \* Casualty Assistant Call Officer provides travel claims and receipts to Navy Personnel Command (PERS-00C) upon completion of travel liquidation. A separate travel claim must be completed for each traveler, including minors. (*Parents are authorized to sign travel claims for the minors.*)
- \* All receipts must be in the traveler's name.
- \* When POV is utilized, mileage will be computed per Defense Travel System (DTS) charts.
- \* Reimbursement for self-procured airfare and lodging will be limited to government cost.
- \* Rental cars are not an authorized expense.
- \* Travel is authorized from residence to event site and back. Travelers are not authorized to visit other locations at government expense.

\* Electronic Funds Transfer (EFT) information must be provided as soon as possible for reimbursement unless payment is requested by check.

# NEXT OF KIN TRAVEL REQUEST INSTRUCTIONS

Field 1. Service Member's Full Name: Enter last name, first name, and middle name of the ill, injured, or deceased sailor.

Field 2. Date of Request: Enter date the traveler completes the form. Date format DD Mmm YYYY.

#### Section 1: INFORMATION OF TRAVELER

Field 3. Full Legal Name of Traveler: Check the block that applies to the traveler, enter last name, first name, and middle name of the traveler.

Field 4. Date of Birth: Enter traveler's date of birth. Date format DD Mmm YYYY.

Field 5. Full SSN: Enter traveler's full SSN number.

Field 6. Gender: Enter traveler's gender. (Male/Female)

Field 7. Relationship to Deceased: Enter traveler's relationship to the ill, injured or deceased sailor (i.e., spouse, mother, father, brother, sister, child, etc.).

Field 8. Telephone Number: Enter traveler's phone number (format 999-999-9999).

Field 9. Address: Enter traveler's full home address.

Field 10. E-Mail Address: Enter traveler's full e-mail address.

Field 11. Is Traveler in the Defense Travel System (DTS): Check either "Yes" or "No" check box. If "Yes" proceed to filed 12, if "No" proceed to Section 2 field 13.

Field 12. Is Traveler Military or DoD Employee? Provide Command Travel Coordinator Contact Information below: Check either "Military" or "DoD Employee" check box. Enter traveler's Command Travel Coordinator contact information.

#### Section 2: TRAVEL SPECIFIC INFORMATION

Field 13. Purpose of Travel: Enter purpose of travel (i.e. funeral, memorial, dignified transfer, bedside travel, etc.).

Field 14. Date of Event: Enter date if the event from field 13.

Field 15. Location of Event: Enter the city and state where the event from field 13 is to be held, if applicable, enter name of cemetery.

Field 16. Traveling via personally owned vehicle (POV)? If "YES", indicate as driver or passenger.: Check either "Yes" or "No" check box, if check "Yes", check either the "Driver" or "Passenger" check box.

Field 17. Traveling via commercial airline? If "YES", was flight scheduled by U.S. Navy or traveler: Check either "Yes" or "No" check box, if check "Yes", check either the "U.S. Navy" or "Traveler" check box.

Field 18. Preferred Airport for Departure to Event: Enter name of airport, city and state.

Field 19. Date and Time of Departure: Enter day and time traveler wants to leave (format DD MMM YYYY, 0000).

Field 20. Traveling via POV to airport? If "YES", indicate as driver or passenger.: Check either "Yes" or "No" check box, if check "Yes", check either the "Driver" or "Passenger" check box.

Field 21. POV parked at Airport?: Check either "Yes" or "No" check box.

Field 22. Preferred Airport for Arrival: Enter name of airport, city and state.

Field 23. Date and Time of Return: Enter day and time traveler wants to travel back to place of departure (format (DD MMM YYYY, 0000).

CUI (when filled in)

 NDWINST 1770.2G
 OPNAVINST 1770.1 (Series)

 30 Oct 2024
 OMB Approval Expires: 01/31/2026

# NEXT OF KIN IDENTIFICATION

PRIVACY ACT STATEMENT Authority: 5 U.S.C. 5701; and 5702 et seq. Travel, Transportation and Subsistence; 10 U.S.C. 2631-2635 and Chapter 7; 37 U.S.C. 452, Allowable Travel and Transportation: General; and E.O 9397 (SSN), as amended; and SORN N04650-1. Purpose: To provide DoD with a single joint military casualty information processing system; to provide support for the management of casualty and mortuary affairs by the Services Casualty and Mortuary Affairs Offices; to respond to inquiries; to provide statistical data comprising type, number, place and cause of incident to DoD Services' members; and to support the families of service members. To obtain accurate information regarding the next of kin of deceased Sailors, to allow proper payment of benefits and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the provision of transportation; diplomatic, official, and other no-cost passports; and visas to subject individuals. To Foreign embassies, legations, and consular offices to determine eligibility for visas to respective countries, if visa is required. To Commercial Carriers providing transportation to individuals whose applications are processed through this system of records. When required by Federal statute, by Executive Order, or by treaty, personnel record information will be disclosed to the individual, organization, or governmental agency as necessary. Disclosure: Disclosure of personal information is voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel entitlements AGENCY DISCLOSURE NOTICE						
The public reporting burden for this collection time for reviewing instructions, searching exis collection of information. Send comments reg Headquarters Services, at whs.mc-alex.esd.r other provision of law, no person shall be sub OMB control number.	sting data source arding the bure nbx.dd-dod-infe	ces, gathering a den estimate or ormation-collect	nd maintai burden rec ions@mail	ning the data n duction suggest .mil. Responde	eeded, and completi ions to the Departme nts should be aware	ng and reviewing the ent of Defense, Washington that notwithstanding any
Next of Kin Information is requ	ired of the Se	rvice Member's	s Parents,	Minor Childre	n, and All Others re	eceiving benefits.
1. Region:		2. Submitted	By:			3. Submit Date:
4. Decedent's Entire Full Name (Last, First, Mi	ddle):					
	SECTION	1 - NEXT C	DF KIN IN	FORMATIC	N	
5. MR Full Name (Last, First, Middle): MS MRS						
6. Relationship to Deceased:       7. Date of Birth:       8. Full SSN:       9. Notification Time/Date:       10. Notified by:						
11. Address (Street Address, City, State, and Zip Code+4):          Address Type:       Base/Military Housing         Contract or Leased Housing       Privately Owned Housing						
12. Home Telephone Number:	13. Cell	Telephone Nun	nber:		14. Work Telephor	ne Number:
SECTION 2 - CASUALTY ASSISTANCE CALLS OFFICER (CACO) INFORMATION						
15. CACO Full Name (Last, First, Middle):       16. Duty Station:						
17. Address (Street Address, City, State, and Zip Code+4):						
Address Type: Personal Address	; •		Offici	al Address		
18. Home Telephone Number:	19. Cell	Telephone Nun	nber:		20. Work Telephor	ne Number:
OPNAV 1770/3 (Rev. MAR-2023)	<u>     I                               </u>	CUI (whe	n filled in) 9	CONTROLLEE CUI CATEGOF		LDC: POC: Enclosure (9)

CUI (when filled in)	30 Oct 2024	G OPNAVINST 1770.1 (Series) OMB No. 0703-0076 IB Approval Expires: 01/31/2026				
SECTION 3 - DEPENDENT CHILD(REN) INFORMATION (If under the age of 18 or legally incompetent, list the guardian's name and relationship)						
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:				
Legal Guardian/Custodian Name	Relationship	-				
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:				
Legal Guardian/Custodian Name	Relationship					
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:				
Legal Guardian/Custodian Name	Relationship					
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:				
Legal Guardian/Custodian Name	Relationship					
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:				
Legal Guardian/Custodian Name	Relationship	-				
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:				
Legal Guardian/Custodian Name	Relationship					
Full Name (Last, First, Middle):	Date of Birth:	Full SSN:				
Legal Guardian/Custodian Name	Relationship	-				
Full Name <i>(Last, First, Middle)</i> :	Date of Birth:	Full SSN:				
Legal Guardian/Custodian Name	Relationship					
Notified By:		Notification Date:				
SECTION 4 - REGIONAL COORDINATOR VERIFICATION	NOF NEXT OF KIN INFO	ORMATION				
I certify that all the information provided herein has been verified as correct.						
Regional Coordinator Name (Last, First, MI) and Rank: Signature Date:	Regional Coordinator Signati	ure:				
PLEASE COMPLETE WITHIN 24 HOURS WHEN COMPLETED, FAX TO REGIONAL COORDINATOR						

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### INSTRUCTIONS FOR OPNAV 1770/3 NEXT OF KIN IDENTIFICATION

CUI (when filled in) 30 Oct 2024

Field 1. Region - Enter region in which next of kin lives. Field 2. Submitted By - Enter name of the Casualty Assistance Calls Officer (CACO). Field 3. Submit Date - Enter date submitted by CACO (DD MMM YYYY). Field 4. Decedent's Entire Full Name - Enter last name, first name, and middle name of the deceased Sailor. Section 1: NEXT OF KIN INFORMATION Field 5. Full Name of Next of Kin - Check the box that applies to the next of kin, and enter last name, first name, and middle name of the next of kin. Field 6. Relationship to Deceased - List specific relationship to deceased (e.g. Spouse, parent, step-parent, child, sibling, step-sibling, etc.) Field 7. Date of Birth - Enter next of kin's date of birth (DD MMM YYYY). Field 8. Full SSN - Enter next of kin's full social security number. Field 9. Notification Time/Date - Enter time/date of the in person CACO notification (0000/DD MMM YYYY). Field 10. Notified By - Enter name of person who notified next of kin (May be different than CACO). Field 11. Address (Street Address, City, State, and Zip Code+4) - Enter next of kin home address, check applicable check box for address type. Field 12. Home Telephone Number - Enter next of kin home telephone number (if applicable). Field 13. - Cell Phone Number - Enter next of kin cell phone number (if applicable). Field 14. Work Telephone Number - Enter next of kin work telephone number. Not required, if next of kin does not wish to be contacted at work. Section 2: CACO INFORMATION Field 15. CACO Full Name - Enter full name of the CACO (Last name, first name, middle name). Field 16. Duty Station - Enter the CACO's duty station. Field 17. Address (Street Address, City, State, and Zip Code+4) - Enter CACO's full address, check applicable check box for address type. Field 18. Home Telephone Number: Enter CACO's home telephone number (if applicable). Field 19. Cell Phone Number - Enter CACO's cell phone number (if applicable). Field 20. Work Telephone Number - Enter CACO's work telephone number including extension. Section 3: DEPENDENT CHILD(REN) INFORMATION - If under the age of 19 or legally incompetent, in the fields provided, enter: Full Name of Dependent Child - Enter last name, first name, and middle name of the child. Date of Birth - Enter child's date of birth (DD MMM YYYY). Full SSN - Enter child's full social security number. Legal Guardian/Custodian Name: Enter full name of legal guardian/custodian name (Last name, first name, middle name). Section 4: REGIONAL COORDNATOR VERIFICATION OF NEXT OF KIN INFORMATION Regional Coordinator Name and Rant - Enter last name, first name, and middle name and rank of regional coordinator. Signature Date - Enter date of regional coordinator's signature. Regional Coordinator Signature - Regional coordinator signature.

# SUB-AREA COORDINATORS AND THEIR AREAS OF RESPONSIBILITY

1. Casualty Assistance is a top Navy priority. The CACO Sub Area Coordinator (SAC) role is key. If unable to perform, the SAC must contact their triad and the Regional Casualty Program Specialist.

2. Training: The RCPS will work with SACs to set up annual training sessions at a chosen location within the Installation. Additionally, training sessions will occur at least three times a year at the Navy Yard or Joint Base Anacostia-Bolling.

3. CACO Watch Bill—Duty Rotation: The SAC must be prepared at all times to deploy a CACO, accompanied by a driver in a government vehicle, 24/7/365. The Navy relies on the SAC's capability to effectively manage and operate the casualty assistance in their AOR as depicted below.

4. Chaplains are invaluable members of the notification team, particularly supporting the CACO. While every effort should be made to include a Chaplain, notification cannot be delayed if a Chaplain is unavailable in the immediate vicinity. Chaplain Services may be requested from the Regional Duty Officer (202)439-4243

5. Subarea Coordinators are required to Complete the Subarea Coordinator Report found in enclosure (10). Submit this report annually to the Regional Casualty Program Specialist (RCPS). Additionally, update and resubmit the report whenever there is a change in the Triad or any key personnel listed.

Naval Support Activity (NSA) South Potomac	<u>NSA Washington</u>
1. Caroline County, VA	1. Arlington County, VA
2. Fredericksburg City, VA	2. City of Alexandria, VA
3. King George County, VA	3. District of Columbia
4. Spotsylvania County, VA	4. Fairfax County, VA
5. Stafford County, VA	5. Falls Church, VA
6. Westmoreland County, VA	6. Fauquier County, VA
	7. Prince William County, VA

<ul> <li><u>Cryptologic Warfare Group Six Fort Meade</u></li> <li>1. Carroll County, MD</li> <li>2. Howard County, MD</li> <li>3. Harford County, MD</li> <li>4. Montgomery County, MD</li> </ul>	<ul> <li><u>Naval Air Station (NAS) Patuxent River</u></li> <li>1. Bloodsworth Island, MD</li> <li>2. Calvert County, MD</li> <li>3. Charles County, MD</li> <li>4. St. Mary's County, MD</li> </ul>
<ul> <li><u>Naval Medical Logistics Command FT Detrick</u></li> <li>1. City of Winchester, VA</li> <li>2. Frederick County, MD</li> <li>3. Loudoun County, VA</li> </ul>	<u>NOSC Baltimore</u> 1. Baltimore County, MD 2. City of Baltimore, MD
Naval Air Facility Washington, DC 1. Prince George's County, MD	U.S. Naval Academy 1. Anne Arundel County, MD

# CASUALTY ASSISTANCE CALLS OFFICER SUB-AREA COORDINATOR COMMAND INFORMATION

# (Command Letterhead)

Date:

From: (CO, Activity Name)

To: Commandant, Naval District Washington

Subj: COMMAND INFORMATION: CASUALTY ASSISTANCE CALLS OFFICER

1. By submitting the updated Subarea Coordinator Report by October 31st annually, Sub-Area Coordinators fulfill a critical duty that directly bolsters the readiness and compassionate service delivery of the Casualty Assistance Calls Officer (CACO) program within their Area of Responsibility (AOR).

# 2. Command Information

- a. Command Name/Navy Unit Identification Code/Location.
- b. CO/Officer in Charge.
  - (1) Rank/full name:
  - (2) Work phone number:
  - (3) Cell phone number:
  - (4) Office code:
  - (5) Email:
- c. Executive Officer.
  - (1) Rank/full name:
  - (2) Work phone number:
  - (3) Cell phone number:
  - (4) Office code:

(5) Email:

- d. Command Master Chief or Senior Enlisted Leader.
  - (1) Rank/full name:
  - (2) Work phone number:
  - (3) Cell phone number:
  - (4) Office code:
  - (5) Email:

# e. CDO.

- (1) Rank/full name:
- (2) Work phone number:
- (3) Cell phone number:
- (4) Office code:
- (5) Email:
- f. Primary CACO Coordinator.
  - (1) Rank/full name:
  - (2) Work phone number:
  - (3) Cell phone number:
  - (4) Office code:
  - (5) Email:
  - (6) Best number to reach after hours:
- g. Alternate CACO Coordinator.

(1) Rank/full name:

(2) Work phone number:

(3) Cell phone number:

(4) Office code:

(5) Email:

(6) Best number to reach after hours:

h. Staff: Please provide onboard numbers and how many have received formal CACO training.

(1) Officers \_\_\_\_\_ # Trained \_\_\_\_\_

(2) E7 and above \_\_\_\_\_ # Trained \_\_\_\_\_

(3) E6\* # Trained

\* E6 personnel may be assigned as CACOs with their COs' permission in areas where Officers and Chiefs are in short supply to fulfill a proper watch bill.\*

//sign//