



DEPARTMENT OF THE NAVY
NAVAL DISTRICT WASHINGTON
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NDWINST 1770.2F
N04
26 Oct 2022

NAVAL DISTRICT WASHINGTON INSTRUCTION 1770.2F

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) Initial Office of the Chief of Naval Operations Forms and Death Gratuity Forms With Electronic Funds Transfer
(10) Sub-Area Coordinators and Their Areas of Responsibility
(11) Casualty Assistance Calls Officer Sub-Area Coordinator Command Information

1. Purpose. In accordance with (IAW) the authority in references (a) through (e), this instruction establishes policy, provides procedures, and assigns responsibility for the implementation of the Casualty Assistance Calls Program (CACP) within Naval District Washington's (NDW) Area of Responsibility (AOR).

2. Cancellation. NDWINST 1770.2E.

3. Policy. 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.

4. Scope and Applicability. This instruction applies to NDW and all subordinate commands.

5. Responsibilities

a. Casualty Assistance Calls Officer (CACO) Regional Program Specialists (RPS) shall:

(1) Execute, fund, and support the CACP, per reference (a) and enclosure (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, IAW reference (b).

b. Installation and Navy Operational Support Center Commanding Officers (CO) shall:

(1) Comply with reference (a), paragraph 6a.

(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 CO's 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 shall 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 RPS for guidance.

(b) Assign a CACO team to make the in-person death notification to the Next of Kin (NOK) when the NOK resides within 50 miles from the command.

(c) Provide frequent updates about the case to the NDW CACO RPS 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 is composed of at least two individuals: a trained CACO and a driver. Chaplains are a desired third component of the notification team and are available through the Regional Duty Officer (RDO). Timeliness is important; notification by the team shall not be delayed for more than 30 minutes to wait for a Chaplain. A Chaplain is also recommended for the second and future visits to the NOK.

(e) The notification team must be in the seasonal dress uniform and travel in a Government vehicle. Interacting with the NOK is official business, and as such all communications must be in person or via phone call or official email; no texting. A strong effort must be made to provide the CACO with a Government cell phone.

(f) Reporting of Sailors who have been hospitalized for more than 24 hours must be IAW 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 shall:

(1) Have a clear understanding that the CACO assignment is one of the few "NO FAIL" missions that directly affect our 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 for Controlled Unclassified Information/PII/Protected Health Information file submission to the NDW CACO RPS 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 seven 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, Next of Kin Travel Request.

(e) OPNAV Form 1770/3, Next of Kin Identification.

6. Sub-Area Coordinators

a. IAW 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 shall use enclosure (11) and submit it to the NDW CACO RPS 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 RPS.

7. Training

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

b. The NDW CACO RPS will promulgate a formal training schedule for each calendar year.

8. Travel

a. CACO Reimbursement of Expenses. CACOs incurring personal expenses during their assignment will be reimbursed, IAW 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 by consulting with the NDW CACO RPS in order to be properly brief the NOK before they make travel arrangements. CACOs must be familiar with references (c) through (e).

9. Records Management

a. 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/AllItems.aspx>.

b. 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).

10. Review and Effective Date. 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.



G. A. DICKS
Chief of Staff

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via CNIC Gateway 2.0, <https://g2.cnic.navy.mil/CC/Documents/Forms/Directives%20Only.aspx>.

26 Oct 2022

NOTIFICATION OF PRIMARY NEXT OF KIN CHECKLIST

1. ____ Contact the Regional Casualty Assistance Calls office before departure for specific guidance. Provide the Region with your 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 you 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 your Command Duty Officer (CDO) or with Security for available vehicles.
7. ____ Directions and Map: Use available reliable technology with Global Positioning System (GPS) to drive to the home. Obtain directions and/or a map to the home of the NOK, or verify the route using GPS.
8. ____ Calling Card: Print several CACO calling cards. As an alternative, bring pen and paper.
9. ____ Uniform: Prepare the uniform for the notification visit. Wear the seasonal service dress uniform.
- 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.

- b. High media interest.
 - c. Otherwise directed by Navy Casualty or the Regional Commander.
11. ____ Media Attention: If CACO or beneficiaries are contacted by the media, have the media contact the Public Affairs Officer (PAO). If your command does not have a PAO, have them contact your Immediate Superior in Charge PAO or Regional PAO.
12. ____ In-person Contact with the NOK: Verify, identify, and make contact in person with the NOK immediately. Explain your role, express condolences, ask if there are immediate needs or other questions, and always verify understanding. Respond to emotion and demonstrate active listening. If notification must be made at their place of employment, speak with a manager or someone in charge to arrange for a private place to make the notification. Arrange to get the NOK home safely. Keep in mind that your performance during the Notification Visit is likely to shape the family's lasting impression of the Navy as an institution that cares for its own.
13. ____ Notification:
- a. Identify yourself and, if available, present a calling card.
 - b. Confirm the identity of the NOK.
 - c. Confirm their relationship to the service member.
 - d. Ask to enter the home.
 - e. Deliver the notification: "On behalf of the Secretary of the Navy, I regret to inform of the death of your (relation). The death occurred (when) (list circumstances as known). I am deeply sorry."
 - f. CACOs do not notify minors; you are not trained for that. Always talk to the parent or guardian.
14. ____ Make clear and factual statements about the incident (refer to the PCR). Inform the PNOK of the current location of remains. Inform the PNOK that the American Red Cross can assist with notifying any other active-duty relatives. Advise the PNOK that a letter of condolence will be forthcoming from the CO and that you can assist them in getting the results of any relevant investigations into the death.
15. ____ Dignified Transfer of Remains: If killed in action, inform NOK of the details of the dignified transfer of remains, and obtain preferences for media coverage per DoD Instruction 1300.18-Department of Defense Personnel Casualty Matters, Policies, and Procedures, and the Dignified Transfer of Remains Script from the Defense Civilian Intelligence Personnel

System (DCIPS). The only forms that absolutely must be completed on the notification visit is the Dignified Transfer of Remains paperwork and the OPNAV Form 1770/2.

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 and the American Red Cross.

Mandatory Personal Information and Forms (PII)

20. ____ OPNAV Form 1770/1. This form must be printed and on hand for the NOK's signature. Each adult beneficiary must complete this form. Bring extras. Minors are listed under their guardian's form. Reassure the NOK that if they choose not to consent to the disclosure of their contact information, it will not affect processing benefits and other official actions. This form only restricts the release of information to Government officials who may wish to reach out for a condolences call.

21. ____ OPNAV Form 1770/2. This form does not require signatures. It must be used any time travel is involved, in order to request an itinerary from Navy Casualty be submitted with a travel claim for travel reimbursement. Make sure to get a travel brief from the NDW CACO Program Manager (PM) before discussing travel entitlements with the NOK.

22. ____ OPNAV Form 1770/3. This form does not require a signature from the CACO or NOK. The information collected in this form will be used by Navy Casualty to certify and authorize benefit payments. It must be typed, scanned, and submitted to the CACO RPS. The CACO must ensure the date of birth, Social Security Number, and full name are clear, and the address must include ZIP code +4 (example: 12345-6789). Do not have the NOK complete this form in their handwriting. Errors in this form will result in delays and frustrations.

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://www.cnic.navy.mil/regions/ndw/about/caco-resources.html>.

* **Important Phone Numbers:**

NDW ROC: (202) 433-5180	NDW RDO: (202) 439-4243
Lou Montoya: (202) 369-6419	Roni Shields: (202) 369-0737
Mortuary Affairs Duty: (901) 619-8157	Navy Casualty Duty: (901) 634-9279
Regional NGSC Cell: (901) 930-8578 Office: (202) 433-3059	

CHECKLISTS FOR DEATH OF RESERVIST, DEPENDENT, OR CIVILIAN EMPLOYEE

Reservist Death (While Not on Active Duty)

1. This type of casualty is not a CACO case.
2. The PNOK may have entitlements as designated in the SGLI beneficiary document on file.
3. The command may assign a Courtesy CACO to assist the PNOK to apply for benefits.
4. The parent unit or command is responsible for:
 - _____ a. Reviewing Naval Military Personnel Manual (MILPERSMAN) Article 1770-030, Personnel Casualty Report Procedures.
 - _____ b. Making the casualty report, IAW the DCIPS-PCR Guide, Version 3, 2018.
 - _____ c. Calling Navy Casualty at (800) 368-3202 to identify the Case Manager who will be assisting the member.
 - _____ d. Ascertaining from Navy Casualty the benefit entitlements and explaining them to the PNOK.
 - _____ e. Providing the PNOK all the information needed to follow up on the claims.

Death of a Dependent

1. This type of casualty is not a CACO case.
2. The sponsor may have entitlements as designated in the SGLI beneficiary document on file.
3. The command may assign a Courtesy CACO to assist the sponsor to apply for benefits.
4. The parent unit or command is responsible for:
 - _____ a. Reviewing MILPERSMAN Article 1770-030.
 - _____ b. Making the casualty report, IAW DCIPS-PCR Version 3, 2018.
 - _____ c. Identifying the Navy Casualty Case Manager POC by calling (800) 368-3202.

5. The sponsor will have to follow up with Navy Casualty, Office of Family SGLI, to provide any documents required to substantiate the claim.
6. The Office of SGLI will answer any questions with regard to this claim. Direct Line (901) 874-6662.

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

1. This type of casualty is not a CACO Case.
2. The sponsor may have entitlements as per beneficiary documents on file with the Human Resources Office (HRO).
3. The parent unit or command is responsible for:
 - _____ a. Reviewing MILPERSMAN Article 1770-030.
 - _____ b. Reviewing DoD Instruction 1300.18, Part 6, Casualty Reporting.
 - _____ c. If appropriate, making the casualty report, IAW the DCIPS-PCR Guide, Version 3, 2018.
 - _____ d. 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.
4. 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.
5. All questions must be directed to the local HRO/Human Resources Activity.

Download site: <https://www.cnmc.navy.mil/regions/ndw/about/caco-resources.html>

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: Complete and submit a PCR within four hours of being apprised of the death. Highly encourage the command to check the Navy Family Accountability and Assessment System (NFAAS) to ensure the information on the PG2/DD93 is accurate. The PCR will be read by higher authorities and the CACOs making the notification. Any information to assist in expediting the notification must be entered in the remarks section of the PCR as well as a POC cell phone number for follow-up questions to the command from all involved. Examples of important information to add include: "Notification to spouse by command CACO is underway", "Spouse is Japanese-born and has very limited English speaking ability", "Address on the PG2/DD93 is incorrect. Based on the latest NFAAS entry, the Spouse is at this address:", "Unable to produce official/signed copies of the beneficiary documents; request assistance from Navy Casualty to supply latest PG2/DD93", "Parents may be home with spouse due to holidays". Duty Status Whereabouts Unknown PCRs must be updated every day, for up to 10 days, with statements about the search efforts; this information will be relayed in person to those NOK listed in the PG2/DD93, IAW MILPERSMAN Articles 1770-020 and 1770-170.

_____ d. Immediately: After submitting signed PCR and required documents, call Navy Casualty at (800) 368-3202 (after hours: (901) 634-9279) to verify receipt of the PCR and coordinate other assistance with regard to missing documents.

_____ e. Immediately: If the service member resided at the barracks room, roommates may have to be temporarily relocated while the decedent's PERSEFF are secured and officially inventoried as directed by the CO, IAW MILPERSMAN Article 1770-200. If the service member was single and resided off base, it is highly recommended that the command visit the residence to inspect any utilities that may have been left on and look for any pets the service member may have had. When applicable, contact the landlord to inform them of the death and request they be present during the safety visit. While an inventory of the household goods (HHG) by the commands is not necessary, it is encouraged that pictures be taken by a command representative to account for high-value items. If the command cannot access the living quarters, make a note of it for later reference. The CO is responsible for the return of all PERSEFF and HHG to the Person Entitled to Receive the Effects (PERE) within two weeks from date of death. Navy Casualty determines who the PERE is and will fund the shipment.

____ f. Within 48 hours: Assign a Line of Duty Investigation Officer. Survivor Benefit Plan (SBP) payments will not start until 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 work spaces.

(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 Case Manager 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.

(2) No later than 48 hours after death reporting, PERS-00C will send the triad correspondence requesting some of the above information.

2. Not all cases are the same, and they vary in levels of complexity. The command CACO will work with the Regional Case Manager to clear the above tasks as appropriate. If the NOK is within 50 miles from the command, the NOK CACO may not be the same as the Command

CACO coordinating the tasks above. The command must ensure that the NOK is the primary responsibility, and that the CACO is fully involved in the assistance of the NOK. Commanders must take a personal interest in ensuring their CACOs make progress and receive all the support needed to bring the case to a smooth close without delays.

3. The parent command of the deceased must be engaged throughout the entire process. The triad is responsible for ensuring that the welfare of the family is protected at all times, which includes disposition of the remains and receipt of all benefits and entitlements, including PERSEFF.

CASUALTY ASSISTANCE CALLS OFFICER LETTER OF DESIGNATION

1770
N00

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. Per reference (a), you are hereby designated as the CACO for Naval Support Activity
_____.
2. You shall familiarize yourself with references (a) and (b) while carrying out your duties and responsibilities.
3. This designation will remain in effect until rescinded by letter or upon your transfer from this command.

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

Email: -----

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

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

/S/

Copy to: Member
NDW CACO RPS

Enclosure (4)

BENEFITS VISIT CHECKLIST

1. ____ Death Gratuity. DD Form 397 and the Death Gratuity Electronic Funds Transfer (EFT) Form. Defense Finance Accounting System (DFAS) will be making the payment, and they request a voided check from the beneficiary's banking institution. When completed, fax/email the three documents to the Region CACO PM. If a check is not available, annotate that in the EFT form. Make sure the numbers are correct. Routing numbers are unique and should not be Googled. We must ensure that the numbers correspond to the NOK account. If the deposit goes into the wrong account, DFAS will have to recover it before it can pay it again.
2. ____ Unpaid Benefits and 365 Basic Allowance for Housing (BAH-365). These forms require the NOK's signature. The (BAH-365) benefit applies to spouse and dependents. The CACO will receive an email from the Navy Casualty Case Manager with directions.
3. ____ Bringing the Remains Home. Once the proper forms are signed by the Person Authorized to Direct Disposition of Remains (PADD) and submitted to Mortuary Affairs (MAO), the Navy will take custody of the remains and transport them as directed by the PADD. Refer to enclosure (6) for more information.
4. ____ Standard Government Headstone or Marker, Veterans Administration (VA) Form 40-1330. The VA will provide a free-of-charge headstone or marker. Because there is no allowance for an alternative to the VA-provided headstone or marker, if the PADD prefers a civilian-procured headstone or marker, the PADD will have to cover that expense. These forms require the NOK's signature.
5. ____ SBP/Dependent Indemnity Care. These forms need the NOK's signature. This benefit applies to spouses and dependents. The CACO will receive an email from the Navy Casualty Case Manager with directions.
6. ____ Gold Star Introduction. Seven 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 from notification, the CACO will receive a FedEx package with documents for the NOK. The CACO must open it and review it for accuracy before delivering it to the NOK. Notify the Region that it was received. In the package, there will be directions for the CACO to download other applicable forms. This item is tracked by DoD to be delivered on time.
8. ____ DD Form 1300. This form is issued by Navy Casualty instead of a DD 214. Ten copies of this form will be in the Benefit Package. This form will have the names of the beneficiaries. To avoid PII spillage, this form must be carefully reviewed by the CACO before being delivered to the NOK.

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 CO is responsible for the proper inventory of and returning the effects to the PERE. The PERE is determined by Navy Casualty.
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. Report the participant's death by calling 1-877-968-3778. Press 3 from the main menu to speak to a participant service representative. Download, read, complete, and submit the Form TSP-17, Information Relating to Deceased Participant. You will need the participant's certified death certificate. The death certificates are completed in about 10 days. They are paid for by Mortuary Affairs and are provided to the PADD by the state (where the service member died) through the funeral home or the Navy through Decedent Affairs if the service member died in a Government facility.
14. ____ Montgomery GI Bill Refund. Send email to mgibrefund.vbabuf@va.gov. A letter requesting a refund requires the NOK's signature and a copy of the DD Form 1300.
15. ____ Presidential Memorial Certificate (PMC). Download and complete the PMC Request Form (VA Form 40-0247).
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 RPS before discussing travel with the NOK to avoid confusion and frustration when processing NOK travel claims.
17. ____ 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. ____ 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. ____ Location of Remains. Before contacting the PADD, be sure to know the location of the remains. Usually the remains will stay at the local examiner's office until the MAO has received the Statement of Disposition of Military Remains, DD Form 3045. This form must be fully completed and signed by the PADD plus two witnesses. Once the DD Form 3045 is signed, it must be submitted to Mortuary Affairs; copy to the CACO PM.
2. ____ PADD's Mortuary Brief. 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, Statement of Disposition of Military Remains. This form has six options, which must be explained to the PADD. The PADD must initial in the option block selected. Additionally, the PADD has to provide the information for blocks 6 and 7. All other blocks need to be completed before submitting it to MAO. The Duty Mortician will explain this form to the CACO and will answer any questions about the process. This form is available from the MAO or CACO PM. Scan and email these forms; protect PII.
 - b. DD Form 1375, Request for Payment of Funeral and/or Internment Expenses. The Funeral Bill/Invoice will be attached to this form and submitted with a Commercial EFT Form to the MAO and the CACO PM. The bill must be reviewed by the CACO before it is submitted to the MAO for payment. This form also may be used to pay for engraving of the brass plate issued with the wooden flag case and or other miscellaneous authorized expenses. Food and drinks are not covered by the MAO. The Duty Mortician will explain this form to the CACO and will answer any questions about the process. This form is available from the MAO or from the NDW CACO PM. Scan and email these forms; protect PII.
4. ____ Commercial EFT Form (PII). The funeral home needing to be paid by Mortuary Affairs for the services provided must complete this form. This form must be submitted to the MAO with the DD Form 1375 and the funeral home invoice immediately after services are rendered. The Duty Mortician will explain this form to the CACO and will answer any questions about the process. This form is available from the MAO or from the NDW CACO PM. Scan and email these forms; protect PII.
5. ____ Flag Case Request. The flag case usually takes three-five weeks to arrive, and because it contains glass, it must be shipped to the CACO to check for damage before delivery to the NOK. A replacement must be ordered for damaged flag cases. The Duty Mortician will explain

this form to the CACO and will answer any questions about the process. This form is available from the MAO or from the NDW CACO PM. Scan and email these forms; protect PII.

6. ____ Active Duty Funeral Honors. The CACO must contact the NDW Funeral Honors Office to arrange for honors if honors are requested. The Funeral Honors Office will brief the CACO about the actual ceremony. In our Region, the U.S. Navy Ceremonial Guard is the only authorized provider of funeral honors for deceased active-duty Sailors, and it must be advised of the date selected by the PADD as soon as possible for planning purposes.

7. ____ Funeral and or Memorial Travel. The CACO must review the MILPERSMAN Articles 1770-270 and 1770-271 to understand the travel entitlements. Also, the CACO must request a travel process brief from the CACO PM before discussing travel with the NOK.

Navy Escort

1. ____ Navy Escorts fall under the supervision of the MAO. The MAO and the Escort must connect as soon as possible to discuss:

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

2. ____ The Escort will contact the funeral home preparing the remains and make sure all items, such as the uniform, flag, and itinerary, are in order before the movement of the remains.

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: (202) 805-0645

CHECKLIST FOR VERY SERIOUSLY ILL/SERIOUSLY ILL VISIT

1. Responsibility for PCR and Notification to NOK

a. Immediately obtain the service record or e-record (Page 2 (Virtual Record of Emergency Data) and SGLI/SGLI Online Enrollment System). Prepare a PCR if the Sailor is hospitalized more than 24 hours, and take appropriate action to notify PNOK and secondary next of kin (SNOK).

(1) Hospitalized in a military hospital. The command will prepare the PCR and notify both the PNOK and SNOK in person or by phone. The Patient Liaison will contact the physician to determine if bedside is warranted and prepare a supplemental PCR either approving or disapproving the bedside travel. The hospital will also furnish progress reports to NPC every 10 days, until the service member is removed from the Seriously Ill/Very Seriously Ill list and/or discharged. The command should stay in contact with the hospital and monitor condition of the service member.

(2) Hospitalized in a civilian hospital. The command holding the service member's service record or e-record will prepare a PCR and notify both the PNOK and SNOK in person or by phone. Local Medical Cognizance (MEDCOG) will contact the treating physician at the civilian hospital to determine the service member's status and if bedside is warranted. The command will keep the NOK advised of progress at least once a week until the Sailor is removed from the Seriously Ill/Very Seriously Ill list. MEDCOG will update PCR every 10 days until the Sailor is removed from the Seriously Ill/Very Seriously Ill list and/or discharged.

b. Contact the Regional PM. If after hours, call the ROC at (202) 433-5180 and Navy Personnel Center (PERS-13) 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) A Courtesy CACO will be assigned if a service member is placed on the Very Seriously Ill/Injured list with bedside travel granted by MEDCOG. Courtesy CACOs will be assigned at the direction of PERS-13 through the RPS. If the Sailor is hospitalized within 20 miles of the command at a civilian hospital, the command will appoint a Courtesy CACO from the command and inform the RPS as soon as possible.

(2) The NOK's presence at the bedside may be warranted by a military medical physician. PERS-13 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.

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

c. Once the travelers have arrived, complete the DD Form 1351-2 and direct deposit paperwork. Submit to the RPS for processing at NPC.

d. Complete the 1770/2 when the travelers are ready to return home. Submit forms to the RPS to establish travel from NPC.

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 CACO PM 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 CACO PM. Contact the travelers to verify the travel arrangements. The CACO must provide the traveler a cell phone number to call if there are any flight delays, etc.

e. ____ For those attending an authorized/funded ceremony at a cemetery or chapel, the CACO will obtain the addresses for the hotel and the locations involved. Other than the airport, the hotel, cemetery, and/or chapel are the only authorized destinations for the courtesy transportation to be provided by the Navy.

f. ____ For those attending an authorized command-sponsored memorial ceremony, the CACO will obtain the addresses for the hotel and ceremony location. Other than the airport, the hotel and ceremony location are the only authorized destinations for the courtesy transportation to be provided.

g. ____ The CACO may be requested to be on the tarmac when the remains arrive. The CACO must coordinate with the U.S. Navy Ceremonial Guard to be a part of the planeside honors, only at the following airports: Ronald Reagan Washington National Airport, Dulles International Airport, and Baltimore/Washington International Thurgood Marshall Airport.

h. ____ The PNOK may request to be on the tarmac when the remains arrive. As far in advance as possible, the CACO will coordinate with the U.S. Navy Ceremonial Guard to make sure the PNOK will be cleared to be on the tarmac by the local Airport Authority/Transportation Security Administration.

i. ____ Due to the DTS process, the travelers will not get their itinerary until two days before their trip. This short notice precludes the NOK being present for the arrival of the remains,

unless they procure their own plane tickets. The CACO must inquire with the travelers if they intend to purchase their flight.

Courtesy CACO attendance to the funeral is expected unless the NOK declines this service.

Arlington National Cemetery is a U.S. Army base. The Courtesy CACO must call the Cemetery to learn of any new security or safety requirements to advise the PADD to avoid delay the day of the ceremony. The phone number to Arlington National Cemetery is (877) 907-8585.

To avoid delays in the process, the CACO must work directly with the Cemetery to assist the PADD. The funeral home handling the funeral may not be able to answer specific questions about the deceased or have access to Navy records the Cemetery may request.

Repatriated Remains

2. All the above steps apply, with a significant deviation: Only three NOK are authorized travel for repatriations. There is an exception to the "Only three people are authorized Navy-sponsored travel" rule: The PADD's spouse is allowed travel. The CACO PM handling the case will brief the NOK's CACO about the entitlements.

3. NOK are briefed by Mortuary Affairs prisoners of war/missing in action representatives as well as the CACO assisting them in their local area. NOK should be aware of the limited support to which they are entitled. These entitlements are set by Congress.

**INITIAL OFFICE OF THE CHIEF OF NAVAL OPERATIONS FORMS AND DEATH GRATUITY
FORMS WITH ELECTRONIC FUNDS TRANSFER**

CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT (10 U.S.C. 1475-1480 and regulations pursuant thereto)		1. BUREAU VOUCHER NO.	2. D.O. VOUCHER NO.	OMB No. 0730-0017 OMB approval expires 20210228
<p>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.</p> <p>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 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.</p>				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: 10 U.S.C. 1475-1478, Death Gratuity, et al.; DoD 7000.14-R, Vol 7A, Chapter 36, Financial Management Regulation; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): To record the name and address of the designated beneficiary(ies) or next-of-kin eligible to receive the death gratuity payment for the deceased service member, in accordance with a finding by the Secretary of the Service concerned, and to maintain a record of the disbursement of these benefits.</p> <p>ROUTINE USE(S): To the Treasury Department to provide information on check issues and electronic funds transfers. To the Internal Revenue Service to report taxable earnings and taxes withheld, accounting, and tax audits, and to compute or resolve tax liability or tax levies. Additional routine uses are listed in the applicable system of records notices: T7340, Defense Joint Military Pay System-Active Component (http://dpcld.defense.gov/Privacy/SORNsindex/DOD-wide-SORN-Article-View/Article/570191/7340/); T7344, Defense Joint Military Pay System-Reserve Component (http://dpcld.defense.gov/Privacy/SORNsindex/DOD-wide-SORN-Article-View/Article/570195/7344/); M01040-3, Marine Corps Manpower Management Information System Records (http://dpcld.defense.gov/Privacy/SORNsindex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/); T7320a, Deployable Disbursing System (http://dpcld.defense.gov/Privacy/SORNsindex/DOD-wide-SORN-Article-View/Article/570179/7320a/); T7906, Automated Disbursing System (http://dpcld.defense.gov/Privacy/SORNsindex/DOD-wide-SORN-Article-View/Article/570203/7906/); T7347b, Defense Military Retiree and Annuity Pay System Records (http://dpcld.defense.gov/Privacy/SORNsindex/DOD-wide-SORN-Article-View/Article/570196/7347b/).</p> <p>DISCLOSURE: Voluntary; however, failure to provide the requested information may impede or delay the processing of this claim.</p>				
<p>NOTE: Penalties for presenting false claims or making false statements in connection with claims may include 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).</p>				
3. APPROPRIATION SYMBOL AND TITLE			4. PAID BY	
5. PAYEE NAME		a. ADDRESS	b. CITY	c. STATE
				d. ZIP CODE
6. SERVICE MEMBER (Last name - First name - Middle initial)		7. SSN (DoD ID for USMC Only)		8. GRADE
9. PLACE OF DEATH		10. DATE OF DEATH		11. DUE PAYEE
<p>12. CERTIFICATE OF PAYEE FILING CLAIM UNDER SURVIVOR PRECEDENT LIST MANDATED BY LAW (Place an "check" in one of the following boxes, according to your relationship to the decedent)</p> <p>I certify that I have not received gratuity pay/ that I am applying for under the survivor precedent list and I am:</p>				
<p><input type="checkbox"/> a. <input type="checkbox"/> HIS WIDOW <input type="checkbox"/> HER WIDOWER (Complete only Block 15 and have Block 15 signed by two certifying witnesses.)</p>				
<p><input type="checkbox"/> b. A CHILD OF THE DECEDENT OR DESCENDANT OF A DECEASED CHILD AND THAT THERE IS NO WIDOW(ER) SURVIVING; THAT THE CONTENT OF BLOCK 13 IS 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.)</p>				
<p><input type="checkbox"/> c. <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER THAT THERE IS NO WIDOW(ER), OR CHILD SURVIVING. (Complete Blocks 13 and 15 and have Block 15 signed by two certifying witnesses.)</p>				
<p><input type="checkbox"/> d. DULY-APPOINTED EXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE PERSON</p>				
<p><input type="checkbox"/> e. OTHER (next of kin of the member entitled under the laws of domicile of the member at the time of the member's death). Indicate relationship</p>				

Prescribed by [DoD 7000.14-R](#)

13. CHILDREN OF THE DECEDENT (If none, so state. Attach additional page if more space is needed)			
a. NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code)	
14. CERTIFICATE OF PAYEE FILING CLAIM AS A DESIGNATED BENEFICIARY (a member may designate on the DD93 one or more persons to receive all or a portion of the amount payable) indicate your relationship. If a member designates only a portion of the amount payable, then the remaining amount of the death gratuity not covered by a designation will be paid following the survivor precedent list, as described in the DoD FMR, Volume 7A, Chapter 36.			
<input type="checkbox"/> I certify that I have not received gratuity pay; that I am applying as a designated beneficiary.		Indicate relationship	
15. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE (Two witnesses are required) I certify that I am personally well acquainted with the above-named payee, that I have read the above statement which was signed in my presence, and that said statement is true to the best of my knowledge and belief.			
a. PAYEE ADDRESS (Include ZIP Code)		b. SIGNATURE OF PAYEE (Must be affixed in the presence of two witnesses)	
(1) FIRST WITNESS ADDRESS (Include ZIP Code)		a. A WITNESS SIGNATURE	
(2) SECOND WITNESS ADDRESS (Include ZIP Code)		a. A WITNESS SIGNATURE	
16. ADMINISTRATIVE STATEMENT. The above-named payee is authorized to receive gratuity pay due to the death of the decedent, and has been so designated by the decedent or is eligible under the survivor precedent list.			
a. TYPED NAME	b. TITLE	c. SIGNATURE	d. DATE (YYYYMMDD)
17. PAYMENT			
a. PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE			
(1) CHECK NUMBER	(2) AMOUNT OF CHECK	(3) DATE OF CHECK (YYYYMMDD)	
b. ELECTRONIC FUNDS TRANSFER (EFT)			
(1) BANKING INSTITUTION	(2) ACCOUNT NUMBER	(3) ROUTING NUMBER	

DD FORM 397, OCT 2019

PREVIOUS EDITION IS OBSOLETE.

Page # of #

Prescribed by DoD 7000.14-R

INSTRUCTIONS

1. BUREAU VOUCHER NUMBER.
2. D.O. VOUCHER NUMBER
3. APPROPRIATION SYMBOL AND TITLE
4. PAID BY
5. NAME AND ADDRESS OF PAYEE. Enter the full name and address of the person to whom payment will be made. When a minor child is a designated or undesignated beneficiary, payment will be made according to the provisions of the Department of Defense Financial Management Regulations (DoDFMR), Volume 7A, Chapter 36 at http://comptroller.defense.gov/publications/07a/Volume_07a.pdf. The individual determined by this regulation should be entered here. *Non-designated beneficiary results when the service member dies without designating beneficiaries and the survivor precedent list, as described in Chapter 36 of the DoDFMR, Volume 7A, is followed.
6. SERVICE MEMBER. (Last Name, First Name, Middle Initial). Enter the full name of the decedent.
7. SSN (DoD ID for USMC Only). Enter the Social Security Number of the service member (decedent). For USMC Only, please use DoD ID number
8. GRADE. Enter the pay grade of the service member at the time of death, if known (e.g. E-4, O3). If not known, office or enlisted is sufficient.
9. PLACE OF DEATH. Enter the place where the service member died.
10. DATE OF DEATH. Enter the date of service member's death.
11. DUE PAYEE. Enter the amount of death gratuity for which you (or the minor child) are entitled.
12. CERTIFICATE OF PAYEE FILING CLAIM UNDER SURVIVOR PRECEDENT LIST MANDATED BY LAW. Place an "X" in the block that applies to you (and the minor child, if applicable).
 - a. WIDOW/WIDOWER. (If this is the only block you "X", proceed to block 15).
 - 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 15b(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).
 - 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).
 - d. DULY-APPOINTED EXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE PERSON.
 - e. OTHER. (next of kin of the person entitled under the laws of domicile of the person at the time of the person's death). Indicate relationship.
13. CHILDREN OF DECEDENT. Only fill in if claim is on behalf of a child of the decedent.
14. CERTIFICATE OF PAYEE FILING CLAIM AS A DESIGNATED BENEFICIARY (a member may designate on the DD93 one or more persons to receive all or a portion of the amount payable). Indicate your relationship. If a member designates only a portion of the amount payable, then the remaining amount of the death gratuity not covered by a designation will be paid following the survivor precedent list, as described in the DoD FMR, Volume 7A, Chapter 36.
15. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE. To be completed by payee and witnesses.
16. ADMINISTRATIVE STATEMENT.
 - a. TYPED NAME. Type the name of the individual who verified the eligibility of the beneficiary.
 - b. TITLE. Title of the individual who verified the eligibility of the beneficiary.
 - c. SIGNATURE. Signature of the individual who verified the eligibility of the beneficiary.
 - d. DATE. (YYYYMMDD)
17. PAYMENT.
 - a. PAID BY CHECK DRAWN IN FAVOR OF PAYER NAMED ABOVE
 - (1) Check Number.
 - (2) Amount of Check
 - (3) Date of Check
 - b. ELECTRONIC FUNDS TRANSFER (EFT). Complete financial institution information for payee.
 - (1) Banking Institution. Enter the name of the payee's financial institution here
 - (2) Account Number. Enter the payee's account number where the payment should be deposited.
 - (3) Routing Number. 9-digit identification number unique to the payee's financial institution (printed on checks issued by the financial institution or otherwise available from the financial institution).

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

DEATH GRATUITY PAYMENT FORM	
<u>Privacy Act Statement:</u>	
Authority: USC 5701.37 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: Voluntary, however, failure to furnish information requested may delay or prevent the receipt of payments through the EFT/DDS programs.	
Name of Beneficiary:	SSN:
clear letters and number please	
FOR EFT/DDS payments please provide the following information:	
Account Type Checking Savings -- CIRCLE ONE	Account Number
Name of Financial Institution	Financial institution's Routing Transit Number (RTN) Note: 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.	

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, place 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 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 two (2) hours 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 its 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:

NEXT OF KIN TRAVEL REQUEST

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 552, DoD 1308.15, Military Funeral Support; DoD 1300.22, Mortuary Affairs Policy; DoD 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-B-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, place 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 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

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1. Service Member's Entire Full Name (Last, First, Middle):

2. Date of Request:

SECTION 1: INFORMATION OF TRAVELER

3. ☐ MR Full Legal Name of Traveler (Last, First, Middle):
☐ MS
☐ MRS

4. Date of Birth: 5. Full SSN: 6. Gender: 7. Relationship to Service Member: 8. Telephone Number:

9. Address (Street Address, City, State, and Zip Code+4): 10. E-Mail Address:

11. Is Traveler in the Defense Travel System (DTS)?
If YES proceed to field 12, if NO proceed to Section 2 field 13.
☐ YES ☐ NO

12. Is Traveler ☐ Military or ☐ DoD Employee? Provide Command Travel Coordinator Contact Information below:

SECTION 2: TRAVEL SPECIFIC INFORMATION

13. Purpose of Travel (i.e. Funeral, Memorial, Dignified Transfer, Beside Travel): 14. Date of Event: 15. Location of Event (City and State; If applicable, name of Cemetery):

16. Traveling via personally owned vehicle (POV)?
☐ YES ☐ NO
If YES, indicate as driver or passenger:
☐ DRIVER ☐ PASSENGER

17. Traveling via commercial airline?
☐ YES ☐ NO
If YES, was flight scheduled by U.S. Navy or traveler:
☐ U.S. NAVY ☐ TRAVELER

18. Preferred Airport for Departure to Event: 19. Date and Time of Departure:

20. Traveling via POV to Airport?
☐ YES ☐ NO
If YES, indicate as driver or passenger:
☐ DRIVER ☐ PASSENGER

21. POV parked at Airport?
☐ YES ☐ NO

22. Preferred Airport for Arrival to Event: 23. Date and Time of Return:

Additional Information:

- * Casualty Assistant Call Officer provides travel claims and receipts to Navy Personnel Command (PERS-ODC) 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 field 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 MM/DD/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 (MM/DD/YYYY 0000)

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. 404, Travel and Transportation Allowances-General; 10 U.S.C. 2631-2635 and Chapter 7; 37 U.S.C. 404, Travel and Transportation Allowances-General; and E.O. 9397 (SSN), as amended; and SORN ND4650-1.

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: Information may be disclosed to officials 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 of information, OMB 9703-0076, is estimated to average two (2) hours 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-cod-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.

Next of Kin Information is required of the Service Member's Parents, Minor Children, and All Others receiving benefits.

1. Region:	2. Submitted By:	3. Submit Date:
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4. Decedent's Entire Full Name (Last, First, Middle):

SECTION 1 - NEXT OF KIN INFORMATION

5.	<input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MRS	Full Name (Last, First, Middle):
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6. Relationship to Deceased:	7. Date of Birth:	8. Full SSN:	9. Notification Time/Date:	10. Notified by:
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11. Address (Street Address, City, State, and Zip Code+4):
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Address Type: <input type="checkbox"/> Base/Military Housing	<input type="checkbox"/> Contract or Leased Housing	<input type="checkbox"/> Privately Owned Housing
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12. Home Telephone Number:	13. Cell Phone Number:	14. Work Telephone Number:
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SECTION 2 - CACO INFORMATION

15. CACO Full Name (Last, First, Middle):	16. Duty Station:
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17. Address (Street Address, City, State, and Zip Code+4):
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Address Type: <input type="checkbox"/> Personal Address	<input type="checkbox"/> Official Address
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18. Home Telephone Number:	19. Cell Phone Number:	20. Work Telephone Number:
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SECTION 3 - DEPENDENT CHILD(REN) INFORMATION <i>(If under the age of 18 or legally incompetent, list the guardian's name and relationship)</i>		
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 (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	
Notified By:		Notification Date:
SECTION 4 - REGIONAL COORDINATOR VERIFICATION OF NEXT OF KIN INFORMATION		
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 Signature:
PLEASE COMPLETE WITHIN 24 HOURS WHEN COMPLETED, FAX TO REGIONAL COORDINATOR		

INSTRUCTIONS FOR OPNAV 1770/3 NEXT OF KIN IDENTIFICATION

Block 1 Region - Enter region in which next of kin lives.

Block 2 Submitted By - Enter name of the Casualty Assistance Calls Officer.

Block 3 Submit Date - Enter date submitted by Casualty Assistance Calls Officer (DD MMM YYYY).

Block 4 Decedent's Entire Full Name - Enter last name, first name, and middle name of the deceased Sailor.

Section 1: Next Of Kin Information

Block 5 Full Name of Next of Kin - Check the block that applies to the next of kin, and enter last name, first name, and middle name of the next of kin.

Block 6 Relationship to Deceased - List specific relationship to deceased (e.g. Spouse, parent, step-parent, child, sibling, step-sibling, etc.)

Block 7 Date of Birth - Enter next of kin's date of birth (DD MMM YYYY).

Block 8 Full SSN - Enter next of kin's full social security number.

Block 9 Notification Time/Date - Enter time/date of the In person CACO notification (0000/DD MMM YYYY).

Block 10 Notified By - Enter name of person who notified next of kin (May be different than CACO).

Block 11 Address (Street Address, City, State, and Zip Code+4) - Enter next of kin home address, check applicable check box for address type.

Block 12 Home Telephone Number - Enter next of kin home telephone number (if applicable).

Block 13 - Cell Phone Number - Enter next of kin cell phone number (if applicable).

Block 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

Block 15 CACO Full Name - Enter full name of the CACO (Last name, first name, middle name).

Block 16 Duty Station - Enter the CACO's duty station.

Block 17 Address (Street Address, City, State, and Zip Code+4) - Enter CACO's full address, check applicable check box for address type.

Block 18 Home Telephone Number - Enter CACO's home telephone number (if applicable).

Block 19 Cell Phone Number - Enter CACO's cell phone number (if applicable).

Block 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 Coordinator Verification of Next of Kin Information

Regional Coordinator Name and Rank - 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. CACO is one of the few no-fail missions in the Navy. The work you do as a CACO Sub-Area Coordinator is crucial to support its mission. When a death notification needs to be made, it becomes priority number one. If at any moment you are unable to fulfill this mission, ask for help from your triad and from the Regional CACO POC.
2. Training. The Region will coordinate with you to set a date and provide training at a location of your choice onboard your Installation at least once a year. Training will also be held at the Navy Yard or Joint Base Anacostia-Bolling at least three times a year.
3. CACO Watch Bill—Duty Rotation. You are required to be ready to provide a CACO, with a driver in a Government vehicle, at any moment and on any day of the year. The Navy is counting on your ability to manage and run an effective CACP.
4. Chaplains are highly beneficial as part of a notification team, especially for the CACO. However, while an effort must be made to locate a Chaplain, the notification must not be delayed due to no Chaplain in the immediate area.
5. Commands must complete enclosure (10) and submit it to the Regional CACO POC.
6. AORs:

<u>Naval Support Activity (NSA) South Potomac</u> <ol style="list-style-type: none"> 1. Caroline County, VA 2. Fredericksburg City, VA 3. King George County, VA 4. Spotsylvania County, VA 5. Stafford County, VA 6. Westmoreland County, VA 	<u>NSA Washington</u> <ol style="list-style-type: none"> 1. Arlington County, VA 2. City of Alexandria, VA 3. District of Columbia 4. Fairfax County, VA 5. Falls Church, VA 6. Fauquier County, VA 7. Prince William County, VA
<u>Cryptologic Warfare Group Six Fort (FT) Meade</u> <ol style="list-style-type: none"> 1. Carroll County, MD 2. Howard County, MD 3. Harford County, MD 4. Montgomery County, MD 	<u>Naval Air Station (NAS) Patuxent River</u> <ol style="list-style-type: none"> 1. Bloodsworth Island, MD 2. Calvert County, MD 3. Charles County, MD 4. St. Mary's County, MD
<u>Naval Medical Logistics Command FT Detrick</u> <ol style="list-style-type: none"> 1. City of Winchester, VA 2. Frederick County, MD 3. Loudoun County, VA 	<u>NOSC Baltimore</u> <ol style="list-style-type: none"> 1. Baltimore County, MD 2. City of Baltimore, MD

<u>Naval Air Facility Washington, DC</u> 1. Prince George's County, MD	<u>U.S. Naval Academy</u> 1. Anne Arundel County, MD
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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. CACO Sub-Area Coordinators are asked to provide information requested below semiannually, by the end October (no later than 31 October) and by the end of April (no later than 30 April). The information you provide will assist the Region to set the yearly CACO Training to support CACO services to families in your 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.

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