

Notification forms Guidance

OPNAV Form 1770-1 Consent Form

Navy Casualty (PERS-00C) uses this form to allow next of kin (NOK) of service members who have died in the line of duty to consent to their contact information being released to public officials.

Only one person can sign the form. Minors can only be added with their parent or guardian. During notification, this is the only form that needs their signature.

Please provide the NOK's full name and official title. If they have a go-by name, please provide that as well.

OPNAV Form 1770-2 NOK Travel Request Ref: MILPERSMAN 270 and 271

In all Active Duty deaths, and in some case of illness (SI/VSI), Navy Casualty (PERS-00C) is committed to assisting the NOK listed in the DD93 with flight tickets to the Official Funeral (final resting place) or the Command Memorial. They will fly from the closest airport to their residence to the closest airport to the ceremonies. If multiple people are traveling, they may not be in adjacent seats or even on the same flight (DTS). They are usually allowed two days travel with Per Diem and Hotel reimbursement. Each traveler must make their own hotel reservations. Save all receipts for the Federal Travel Claim (DD Form 1351-2). The OPNAV 1770-2 can be filled in over the phone with the official traveler. Travelers must have government ID. The Navy cannot help with visas. This form will be used by the PERS-00C Travel Cell. The itineraries will be emailed to the traveler 2 days before the departure. If they decide to drive, they will get mileage. Rental cars are NOT/NEVER reimbursable IAW the JTR.

OPNAV form 1770-3 NOK and CACO Info Form

Navy Casualty (PERS-00C) uses this form to collect the NOK's personal information, such as their date of birth, Social Security number, full name, and address. This information is used to create their benefits records with DFAS, the VA, and to create the DD Form 1300, Report of Casualty. The DD Form 1300 is needed to close bank accounts and to receive all benefits, such as the Montgomery GI Bill, TSP, and SGLI. It is also needed to update their ID Card (DEERS) and to request internment in a government cemetery. For those getting benefits, during the initial visit you should collect their SSN, DOB and full middle name on a piece note paper and fill out the OPNAV Form 1770-3 when you are back in the office. It does not need their signature. Please type the information into the form for accuracy.

DEATH GRATUITY - DD Form 397


This benefit is to cover immediate expenses, such as Food, Medicine, dependent's clothing and/or Funeral Travel for family members who are not dependents. It will be processed Mon-Friday during working hours by DFAS. Aim to pay is 72 hours from submission of paperwork. This form needs two witnesses, any adult may sign.

DG Form DD 397 - START on Block 5. The Place of the Death on Block 9 needs to match the Casualty Report, if unsure, leave it blank. Don't go past Block 15.

EFT, has to be accurate. The Routing Number has to be verified. Recommend the NOK calls the bank to inform them of the large sum of money about to be deposited so the account is not locked due to "suspicious activity" - It has happened! We can pay via check, but it will take longer and the check could get lost. Get a Voided Check if available.

Before leaving the house, please call the REGION to provide Time of Notification and to get help with questions you could not answer. Also, please call the parent Command POC in the PCR to let them know notification is complete. The casualty's CO, Region Leadership and CNO Battle Watch, are looking for updates on the notification.

YOUR WORK IS CRUCIAL – THANK YOU!

 30 OCT 23

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, 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 .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 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:	

CUI (when filled in)

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

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1. Service Member's Full Name (Last, First, Middle):	2. Date of Request:
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SECTION 1: INFORMATION OF TRAVELER

3. <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MRS Full Legal Name of Traveler (last, first, middle):							
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. <input type="checkbox"/> YES <input type="checkbox"/> NO				12. Is Traveler <input type="checkbox"/> Military or <input type="checkbox"/> DoD Employee? Provide Command Travel Coordinator Contact Information below:			

SECTION 2: TRAVEL SPECIFIC INFORMATION

13. Purpose of Travel (i.e. funeral, memorial, dignified transfer, bedside travel):		14. Date of Event:	15. Location of Event (city and state. If applicable, name of cemetery):	
16. Traveling via personally owned vehicle (POV)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate as driver or passenger: <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER		17. Traveling via commercial airline? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was flight scheduled by U.S. Navy or traveler: <input type="checkbox"/> U.S. NAVY <input type="checkbox"/> TRAVELER		
18. Preferred Airport for Departure to Event:			19. Date and Time of Departure:	
20. Traveling via POV to Airport? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate as driver or passenger: <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER		21. POV parked at Airport? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22. Preferred Airport for Arrival to Event:			23. Date and Time of Return:	

CUI (when filled in)

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 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)

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 entitlements concerning the current case.
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 0703-0076**, is estimated to average 1 hour (60 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.

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. 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:
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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 Number:	14. Work Telephone Number:
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SECTION 2 - CASUALTY ASSISTANCE CALLS OFFICER (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):

Address Type: Personal Address Official Address

18. Home Telephone Number:	19. Cell Telephone Number:	20. Work Telephone Number:
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CUI (when filled in)

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 (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		

CUI (when filled in)

INSTRUCTIONS FOR OPNAV 1770/3 NEXT OF KIN IDENTIFICATION

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 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.