LOCATION OF DOCUMENTS

Will: _____

DD214: _____

Current retired pay statement: _____

Marriage certificate(s): _____

Divorce decree(s)/property settlements(s):

_____

Death certificate(s): _____

Birth certificates/adoption papers:

_____

Retirement Orders or 20-year Letter:_____

Safe deposit box: _____

Tax returns: _____

Social Security Cards: _____

Investment papers (CDs, Mutual Funds, IRA, etc.):

_____

Burial plot information: _____

Medical and dental records:_____

Real estate deeds:_____

PHONE NUMBERS/WEBSITES

Casualty Assistance Office (call upon the death of the Retired Soldier): 1-800-626-3317; overseas, call collect (502) 613-3317 https://www.hrc.army.mil/TAGD/Reporting%20A%20Death

Retirement Services Office: Listed in every copy of *Army Echoes* or at https://soldierforlife.army.mil/retirement/rso

DFAS Retired/Annuitant Pay: 1-800-321-1080 http://www.dfas.mil/retiredmilitary.html

VA: 1-800-827-1000 http://www.va.gov

Social Security: 1-800-772-1213 http://www.ssa.gov

Update ID cards: 1-800-538-9552; www.dmdc.osd.mil/rsl

Fort Drum Casualty Assistance Center: 1-888-325-1601

For more information on retirement topics, visit the Army Retirement Services website at http://soldierforlife.army.mil/retirement.

This pamphlet was prepared by the Army Retirement Services Office and may be reprinted by Army Retirement Services Officers. It is also posted at https://soldierforlife.army.mil/retirement/postretirement.

RETIRED SOLDIER CASUALTY ASSISTANCE CHECKLIST

If you died tomorrow, would your family know what to do? You can help your family today by filling out this trifold and making sure your family knows where to find it.

RETIRED SOLDIER CASUALTY ASSISTANCE CHECKLIST

RETIRED SOLDIER INFORMATION

Name: _____

Social Security number: _____

Date/place of birth: _____

Date of retirement: _____

Retired rank: _____

SURVIVOR BENEFIT PLAN

Enrolled in **SBP** **RCSBP** (Circle one)

Election Category: _____

Did you disenroll? **YES** **NO**

VA CLAIM #: _____

Eligible to draw VA disability compensation: **YES** **NO**

Receiving Social Security? **YES** **NO**

Organ donor: **YES** **NO**

SPOUSE INFORMATION

Name: _____

Date of birth: _____

Social Security number: _____

Date of marriage: _____

Place (City, County, State): _____

CHILDREN INFORMATION

Name/Date of birth: _____

Name/Date of birth: _____

Name/Date of birth: _____

Name/Date of birth: _____

Name/Date of birth: _____

Incapable of self-support? NO YES Which _____

LIFE INSURANCE POLICIES

Policy #: _____

Company: _____

Amount: _____

Beneficiary: _____

Agent phone/email: _____

Policy #: _____

Company: _____

Amount: _____

Beneficiary: _____

Agent phone/email: _____

INVESTMENTS

Account #/Type: _____

Issuer: _____

Account #/Type: _____

Issuer: _____

Account #/Type: _____

Issuer: _____

BANK ACCOUNTS

Bank Name: _____

Phone/website: _____

Account #/Type: _____

Account #/Type: _____

Account #/Type: _____

Help your family today by filling out this trifold and making sure your family knows where to find it.

CREDITOR

Name/Account #: _____

Phone/email: _____

Name/Account #: _____

Phone/email: _____

BURIAL INFORMATION

I would like to be: **Buried** **Cremated**

Who should be notified of your death:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Name of cemetery where you want to be buried or have your ashes inurned:

_____

Do you want to be buried in your uniform? **YES** **NO**

Do you want a funeral? **YES** **NO**

If YES, where? _____

Do you have a preference of funeral home? **YES** **NO**

If YES, which one? _____

Do you want a military honor guard? **YES** **NO**