

COLLECTION POINT REGISTER OF DECEASED PERSONNEL

| | | | |
|-------------------|-----------|----|---------|
| 1. DATE OF REPORT | 2. PAGE # | OF | # PAGES |
|-------------------|-----------|----|---------|

| | | |
|--------------------------|--|--|
| 3. COLLECTION POINT NAME | 4. COLLECTION POINT LOCATION <i>(Include grid coordinates)</i> | 5. ORGANIZATION OPERATING COLLECTION POINT |
|--------------------------|--|--|

| 6. EVACUATION NUMBER | 7. INFORMATION ON BELIEVED TO BE (BTB) IDENTIFIED DECEASED | | | | 8. SEARCH AND RECOVERY NUMBER | 9. NAME OF PERSON AND/OR UNIT RECOVERING REMAINS | 10. PLACE OF RECOVERY <i>(Include grid coordinates)</i> | 11. DATE RECOVERED | 12. UNIT RECIEVED FROM | 13. REMAINS EVACUATED TO |
|----------------------|--|----------|----------------------|-----------------|-------------------------------|--|---|--------------------|------------------------|--------------------------|
| | a. NAME <i>(Last, First, Middle initial)</i> | b. GRADE | c. SSN/DoD ID NUMBER | d. ORGANIZATION | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |