

COLLECTION POINT REGISTER OF DECEASED PERSONNEL

1. DATE OF REPORT

2. PAGE _____
OF _____ PAGES

3. COLLECTION POINT NAME

4. COLLECTION POINT LOCATION *(Include grid coordinates)*

5. ORGANIZATION OPERATING COLLECTION POINT

6. EVACUATION NUMBER	7. INFORMATION ON 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 RECEIVED FROM	13. REMAINS EVACUATED TO
	a. NAME <i>(Last, First, Middle Initial)</i> <i>(If unidentified, so state)</i>	b. RANK	c. SSN	d. ORGANIZATION						