

Next of Kin (NOK) Processing: Cover Sheet & Instructions

A Message to Our Casualty Assistance Calls Officers (CACOs):

Your role is crucial in guiding our Navy families through a difficult time. These forms are essential for providing benefits and support. Please be patient and gently explain the importance of each document. While we must be sensitive to the family's needs, timely completion of these forms is necessary to ensure they receive all entitled assistance. Always Keep Region Informed. Thank you for your dedicated service.

Form Instructions

Form	Purpose & Key Instructions	Signature Required?
1770-1: Consent Form	Authorizes the Navy to release NOK contact information to public officials (e.g., Governors, Senators) for condolences. Instructions: • One person per form (minors can be with a guardian). • Obtain full middle name, official title, and any "go-by" name (e.g., "Chip"). Form is used for ADULT individuals and their dependents. Example: Mom and her minor children. One form for each adult.	Yes - This is the ONLY form requiring a signature during the initial notification.
1770-2: Travel Request	To be used anytime the NOK will be traveling. The Navy may provide plane tickets from the closest airport to their residence to the closest airport to the funeral/memorial. Instructions: • This form can be filled out over the phone. • Travel is booked via DTS; adjacent seating or same flights for groups are not guaranteed.	No
1770-3: NOK and CACO Info Form	Collects essential NOK data (DOB, SSN, Full Name, Address) to process benefits with DFAS, VA, and to create the DD Form 1300. The DD 1300 is required for multiple benefits (e.g. SGLI, ID Card) and to close bank accounts. Instructions: This form can be filled out over the phone if not completed during the first visit.	No
DD Form 397: Death Gratuity	Covers immediate expenses (food, medicine, clothing, travel for non-dependents). Instructions: • Start on Block 5. • Block 9 (Place of Death): Must match the Casualty Report. If unsure, leave blank. • Do not fill past Block 15. • EFT Information: Verify the bank routing number for accuracy. Recommend the NOK notify their bank of an incoming large deposit to prevent account freezes. Use separate EFT Form, payee signs it.	Yes – 3 signatures 1. Payee 2. CACO 3. Witness

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

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.

1. Service Member's Full Name (Last, First, Middle):	2. Date of Request:
--	---------------------

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)

Additional Information:

- * Casualty Assistant Call Officer provides travel claims and receipts to Navy Personnel Command (PERS-00C) 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 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)

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:
------------	------------------	-----------------

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):

6. Relationship to Deceased:	7. Date of Birth:	8. Full SSN:	9. Notification Time/Date:	10. Notified by:
------------------------------	-------------------	--------------	----------------------------	------------------

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:
----------------------------	----------------------------	----------------------------

SECTION 2 - CASUALTY ASSISTANCE CALLS OFFICER (CACO) INFORMATION

15. CACO Full Name (Last, First, Middle):	16. Duty Station:
---	-------------------

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:
----------------------------	----------------------------	----------------------------

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	

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

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 COORDNATOR 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.

CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT <i>(10 U.S.C. 1475-1480 and regulations pursuant thereto)</i>	1. BUREAU VOUCHER NO.	2. D.O. VOUCHER NO.	OMB No. 0730-0017 OMB approval expires 20210228
--	-----------------------	---------------------	--

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.

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.

PRIVACY ACT STATEMENT

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.

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.

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://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570191/t7340/>); T7344, Defense Joint Military Pay System-Reserve Component (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570195/t7344/>); M01040-3, Marine Corps Manpower Management Information System Records (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/>); T7320a, Deployable Disbursing System (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570179/t7320a/>); T7906, Automated Disbursing System (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570203/t7906/>); T7347b, Defense Military Retiree and Annuity Pay System Records (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/>);

DISCLOSURE: Voluntary; however, failure to provide the requested information may impede or delay the processing of this claim.

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).

3. APPROPRIATION SYMBOL AND TITLE		4. PAID BY	
5. PAYEE NAME	a. ADDRESS	b. CITY	c. STATE
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

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)

I certify that I have not received gratuity pay/ that I am applying for under the survivor precedent list and I am:

a. HIS WIDOW HER WIDOWER *(Complete only Block 15 and have Block 15 signed by two certifying witnesses.)*

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)*

c. FATHER MOTHER **THAT THERE IS NO WIDOW(ER), OR CHILD SURVIVING.** *(Complete Blocks 13 and 15 and have Block 15 signed by two certifying witnesses.)*

d. **DULY-APPOINTED EXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE PERSON**

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

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
-------------------------	--------------------	--------------------

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/fmr/current/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

Privacy Act Statement.

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.