

ESCORT REPORT

DCIPS NUMBER

OMB No. 0704-XXXX
Expires YYYYMMDD

The public reporting burden for this collection of information is estimated to average ## hours/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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

PRIVACY ADVISORY

Disclosure of this information is voluntary and will be used to document a narrative report regarding the shipment of remains and other related matters, including detailed information of any difficulties that were experienced, within the decedent's record. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

PART I TO BE COMPLETED BY THE SERVICE MORTUARY AFFAIRS REPRESENTATIVE

1. SERVICE MORTUARY AFFAIRS REPRESENTATIVE NAME <i>(Last, First, Middle Initial)</i>		2. OFFICIAL MAILING ADDRESS	
3. COMMERCIAL PHONE NUMBER	4. NAME OF DECEASED <i>(Last, First, Middle Initial)</i>		5. RANK/GRADE OF THE DECEASED
6. SERVICE <i>(X one)</i> <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> COAST GUARD			
7. NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION	8. NAME AND ADDRESS OF RECEIVING FUNERAL HOME <i>(Include Zip Code)</i>	9. PHONE NUMBER	

NEEDS DD67

PART II TO BE COMPLETED BY FUNERAL HOME OR REPRESENTATIVE

10. CONDITION OF CASKET AND REMAINS		
11. NAME OF RECEIVING INDIVIDUAL	12. FUNERAL DIRECTOR/EMBALMER'S LICENSE # <i>(if applicable)</i>	13. STATE, TERRITORY, OR COUNTRY
14. SIGNATURE		15. DATE <i>(YYYYMMDD)</i>

PART III TO BE COMPLETED BY ESCORT

16. DATE (YYYYMMDD) AND TIME OF DEPARTURE FOR ESCORT DUTIES

17. DATE (YYYYMMDD) AND TIME OF ARRIVAL AT DESTINATION

18. CONDITION OF CASKET (X one)

NOT DAMAGED - ACCEPTABLE DAMAGED

IF DAMAGED, DESCRIPTION OF DAMAGE AND ACTION TAKEN TO RESOLVE:

19. REMARKS (Include issues and concerns)

NEEDS DD67

20. NAME AND GRADE OF ESCORT

21. SIGNATURE

22. DATE (YYYYMMDD)

23. REVIEWED BY SERVICE MORTUARY AFFAIRS REPRESENTATIVE
(Name and Grade)

24. SIGNATURE

25. DATE (YYYYMMDD)