Add SOS Case

Case Search — Survivor Record — DSM Record

Add the Survivor information or update existing Survivor information. Ensure all the required fields are filled in.

Create New Survivor

* Required Fields

Survivor Details

Prefix | First Name * (Mm) | Middle Name | Last Name * (Mm) | Suffix

Preferred Name | Date of Birth * (MM/DD/YYYY)

Note

Relation to Service Member *

Relation to Service Member Other Explanation

Survivor is Primary Next of Kin — ○ Yes ○ No

Survivor is Child/Minor — ○ Yes ○ No

Survivor is Deceased — ○ Yes ○ No

Military Status * (--Select Military Status--) | Service Branch (--Select Service Branch--) | Service Rank (--Select Service Rank--) | Component Code (--Select Component Code--)

Vehicle Decal Number | Vehicle Decal Issue Date (MM/DD/YYYY)

Gold Star Card Number | Gold Star Card Issue Date (MM/DD/YYYY)

Contact Information

OK To Contact — ○ Yes ○ No

Primary Phone Number * | Primary Phone Type (--Select Type--)

Alternate Phone Number | Alternate Phone Type (--Select Type--)

Email

Home Address

Address 1 | Address 2

City | Zip | Country * (United States)

State * (--Select State--) | County (for State) * (--Select County--)

Foreign CAC

Foreign CAC (--Select Foreign CAC--)

Mailing Address

Only enter a mailing address if it is different from the home address.

Address 1 | Address 2

City | Zip | Country (--Select Country--)

State (--Select State--)

Cancel | Back | Next