

LOCATION OF DOCUMENTS

Will: _____

DD214: _____

Current retired pay statement: _____

Marriage certificate(s): _____

Divorce decree(s)/property settlements(s): _____

Death certificate(s): _____

Birth certificates/adoption papers: _____

Retirement Orders and/or 20-year Letter: _____

Safe deposit box: _____

Tax returns: _____

Social Security Cards: _____

Investment papers (CDs, Mutual Funds, IRA, etc.): _____

Burial plot information: _____

Medical and dental records: _____

Real estate deeds: _____

PHONE NUMBERS/WEBSITES

How to report the death of a Retired Soldier: Contact the Department of the Army Casualty and Mortuary Affairs Operations Division (CMAOD) anytime by calling (800) 626-3317. You will be immediately referred to a local Casualty Assistance Center (CAC), who will report the death to the Defense Finance and Accounting Service (DFAS) to stop retired pay and initiate the survivor benefits process. If you reside overseas and the toll free number is not available, call your Retirement Services Office (RSO) (see link below). When reporting the death, please provide as much of the following information as you have: • Full name • Disability Rating • Copy of death certificate • Social security number and/or service number • Circumstances surrounding the death • Next of Kin (NOK) information • Retired rank • Retirement date • Date and place of birth

For additional information, please refer to the HRC page at <https://www.hrc.army.mil/TAGD/Reporting%20A%20Death>

Retirement Services Office: Listed in every copy of *Army Echoes* and at <https://soldierforlife.army.mil/retirement/rso>

Your family must report your death to the following agencies –

- DFAS Retired/Annuitant Pay: 1-800-321-1080, <https://www.dfas.mil/retiredmilitary/>
- Social Security Administration (SSA) at 1-800-772-1213, <http://www.ssa.gov>
- If in receipt of compensation or a pension from the VA, call VA at 1-800-827-1000, <http://www.va.gov>
- If a VA life insurance policyholder, call Veterans Group Life Insurance (VGLI) at 1-800-669-8477, <https://www.benefits.va.gov/INSURANCE/sglivgli.asp>

Update ID cards: 1-800-538-9552, www.dmdc.osd.mil/rsl

National Cemetery Scheduling Office: 800-535-1117

For more information on retirement topics, visit the Army Retirement Services website at <https://soldierforlife.army.mil/retirement>

This pamphlet was prepared by the Army Retirement Services Office and may be reprinted by Army Retirement Services Officers. It is also posted at <https://soldierforlife.army.mil/Retirement/post-retirement>



RETIRED SOLDIER CASUALTY ASSISTANCE CHECKLIST



If you died tomorrow, would your family know what to do? You can help your family today by filling out this checklist and making sure your family knows where to find it.

RETIRED SOLDIER CASUALTY ASSISTANCE CHECKLIST

RETIRED SOLDIER INFORMATION

Name: _____

Social Security number: _____

Date/place of birth: _____

Date of retirement: _____

Retired rank: _____

SURVIVOR BENEFIT PLAN

Enrolled in: **SBP or RCSBP** (Check one, if applicable)

Election Category: _____

Did you dis-enroll? **YES NO** (Check one)

VA CLAIM #: _____

Eligible to draw VA disability compensation?: **YES NO**

Receiving Social Security? **YES NO**

Organ donor: **YES NO**

SPOUSE INFORMATION

Name: _____

Date of birth: _____

Social Security number: _____

Date of marriage: _____

Place (City, County, State): _____

CHILDREN INFORMATION

Name/Date of birth: _____

Name/Date of birth: _____

Name/Date of birth: _____

Name/Date of birth: _____

Incapable of self-support?* **YES NO**

*If yes, Name/Date of birth: _____

LIFE INSURANCE POLICIES

Policy #: _____

Company: _____

Amount: _____

Beneficiary: _____

Agent phone/email: _____

Policy #: _____

Company: _____

Amount: _____

Beneficiary: _____

Agent phone/email: _____

INVESTMENTS

Account #/Type: _____

Issuer: _____

Account #/Type: _____

Issuer: _____

Account #/Type: _____

Issuer: _____

BANK ACCOUNTS

Bank Name: _____

Phone/website: _____

Account #/Type: _____

Account #/Type: _____

Account #/Type: _____

Help your family today by filling out this trifold and making sure your family knows where to find it.

CREDITOR

Name/Account #: _____

Phone/email: _____

Name/Account #: _____

Phone/email: _____

BURIAL INFORMATION

I would like to be: **Buried Cremated**

Who should be notified of your death:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Name/location of cemetery where you want to be buried or have your ashes interred: _____

Do you want to be buried in your uniform? **YES NO**

Do you want a funeral? **YES NO**

If YES, where? _____

Do you have a preference of funeral home? **YES NO**

If YES, which one? _____

Do you want a military honor guard? **YES NO**

Do you have a pre-need eligibility letter for burial at a VA National cemetery? **YES NO**

If Yes, where is it located? _____