

TABLE OF CONTENT

MODULE 1 PERSONAL INFORMATION

MODULE 2 FINANCE

MODULE 3 PERSONAL ASSETS

MODULE 4 ONLINE ACCOUNTS

MODULE 5 MEDICAL INFORMATION

MODULE 6 ELIGIBILITY AND SURVIVOR BENEFITS

MODULE 1

PERSONAL INFORMATION

This module focuses on your personal and important contact information of those that you identify as needing to be contacted in the event of your passing. Having this information readily available will assist in facilitating your wishes and make the process easier for those that are left behind when you are gone.

ADMINSTRATIVE INFORMATION

NAME:		_SUFFIX:	_Sr. Jr., II, III
LAST, FIRST, MIDDLE			
SSN:	DOD ID#:	PASSPORT#: _	
DATE OF BIRTH:	PLACE OF BIRTH:		
HOUSE ADDRESS:			
CMR/APO ADDRESS:			
RELIGIOUS AFFILIATION:			
RELIGIOUS AFFILIATION:			
CHURCH NAME AND LOCATI	ON:		
CLERGY MEMBER TO CONTA	CT:		
NAME:	PHONI	E:	

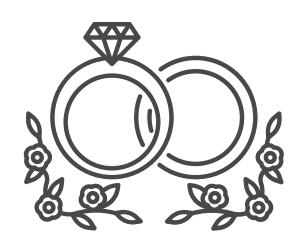
MILITARY DATES OF ACTIVE SERVICE

BRANCH: LAR.	MI UNAVI UAIR I	FURCE LIMARINES
FROM:	TO:	
CHARACTER C	OF SERVICE: □Hon	orable ☐ Under Honorable Conditions (General)
□ Under Other th	an Honorable Condi	itions Bad Conduct Dishonorable Uncharacterized
BRANCH: □AR	MY □NAVY □AIRF	FORCE DMARINES
FROM:	TO:	
CHARACTER C	OF SERVICE: □Hon	orable ☐ Under Honorable Conditions (General)
□ Under Other th	an Honorable Condi	itions Bad Conduct Dishonorable Uncharacterized
FROM:	TO:	
		orable □ Under Honorable Conditions (General)
□ Under Other th	an Honorable Condi	itions □ Bad Conduct □ Dishonorable □ Uncharacterized
BRANCH: □AR	MY □NAVY □AIRF	FORCE DMARINES
FROM:	TO:	
CHARACTER C	OF SERVICE: □Hon	orable □ Under Honorable Conditions (General)
□ Under Other th	an Honorable Condi	itions Bad Conduct Dishonorable Uncharacterized



ADMINSTRATIVE INFORMATION

MARITAL STATUS: □MARRIEI	D □DIVORCED □SEPARATED □WIDOW/WIDOWER
SPOUSE'S NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
	CITIZEN OF:
MARITAL STATUS: DMARRIEI	D □DIVORCED □SEPARATED □WIDOW/WIDOWER
SPOUSE'S NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
	CITIZEN OF:
MARITAL STATUS: DMARRIEI	D □DIVORCED □SEPARATED □WIDOW/WIDOWER
SPOUSE'S NAME:	
	PLACE OF BIRTH:
	CITIZEN OF:
MARITAL STATUS: MARRIEI	D □DIVORCED □SEPARATED □WIDOW/WIDOWER
SPOUSE'S NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
	CITIZEN OF:
FORMER SPOUSE'S NAME:	
DATE OF DIVORCE	
FORMER SPOUSE'S NAME:	
DATE OF DIVORCE	



CHILDREN'S INFORMATION

	PHONE NUMBER:
ADDRESS:	PHONE NUMBER:
NAME:ADDRESS:	PHONE NUMBER:
NAME:	PHONE NUMBER:
	PHONE NUMBER:

ADMINSTRATIVE INFORMATION

FATHER'S NAME:FATHER'S BIRTHPLACE:	
MOTHER'S NAME: MOTHER'S BIRTHPLACE:	
SIBLING'S	INFORMATION
NAME:	PHONE NUMBER:
RELATION: ADDRESS:	
NAME:	PHONE NUMBER:
RELATION:ADDRESS:	
NAME:	PHONE NUMBER:
ADDRESS:	
NAME:	PHONE NUMBER:
RELATION:	
ADDRESS:	
	PHONE NUMBER:
RELATION:ADDRESS:	

LAWYER CONTACT INFORMATION

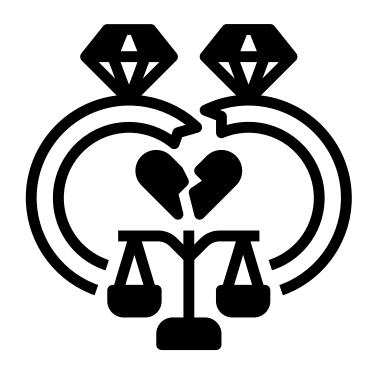
LAWYER NAME:	
	EMAIL ADDRESS:
FUNERAL HOMI	E CONTACT INFORMATION
EUNIED AL HOME NAME	
FUNERAL HOME NAME:	EMAIL ADDDECC
	EMAIL ADDRESS:
DUSINESS ADDRESS:	
INSUBANCE POI	LICY FOR FUNERAL/BURIAL
HISUKANCETOI	
	EXPENSES
COMPANY NAME:	POLICY NUMBER:
	EMAIL ADDRESS:
BUSINESS ADDRESS:	
ARRANGE	MENT INSTRUCTIONS
DISPOSITION OF REMAINS: □BUI	RIAL □CEMETERY LOCATION:
	MATION ASHES TO BE: □INTERRED
	CTIONS:
FINAL INSTRUCTIONS	
My final wishes are as follows:	



Marriage Certificate

Marriage Certificate Insert

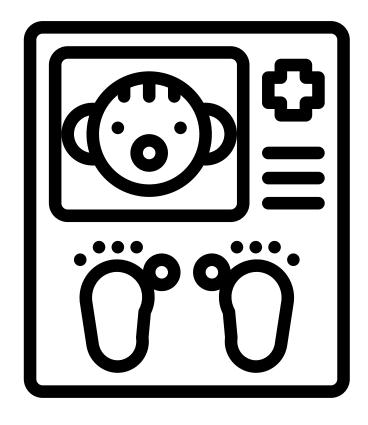




Divorce Decree

Divorce Decree Insert





Birth Certificate

Birth Certificate Insert





Court
Appointment
Documents

Court Appointment Documents 👅 Insert





Social Security Card

Social Security Card Insert



MODULE 2

FINANCE

This module focuses on your banking, investments and other financial securities. It provides you the ability to centralize and account all of your monetary interests allowing your survivors to easily settle outstanding debts, close service accounts, and facilitate the bestowment of your estate in accordance with your final wishes.

CELL/HANDY #:	PIN/PASSWORD:
PC/LAPTOP PIN/PASSWORD:	
iPad/TABLET PIN/PASSWORD:	
ONLINE ACCT TYPE: SOCIAL MED	IA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: SOCIAL MED	IA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: □SOCIAL MED	OIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: □SOCIAL MED	OIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:

CELL/HANDY #:	PIN/PASSWORD:
PC/LAPTOP PIN/PASSWORD: _	
iPad/TABLET PIN/PASSWORD:	
ONLINE ACCT TYPE: □SOCIAI	L MEDIA ¬FINANCE ¬EMAIL ¬OTHER
WEBSITE:	
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: □SOCIAI	L MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: SOCIA	L MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
	L MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:

CELL/HANDY #:	PIN/PASSWORD:
PC/LAPTOP PIN/PASSWORD:	
iPad/TABLET PIN/PASSWORD:	
ONLINE ACCT TYPE: □SOCIAL M	IEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
	IEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: □SOCIAL M	MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
	MEDIA □FINANCE □EMAIL □OTHER
LOGIN:	PASSWOR D.



CELL/HANDY #:	PIN/PASSWORD:
PC/LAPTOP PIN/PASSWOR	AD:
iPad/TABLET PIN/PASSWO	RD:
ONLINE ACCT TYPE: □SO	CIAL MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
	CIAL MEDIA □FINANCE □EMAIL □OTHER
	PASSWORD:
	CIAL MEDIA □FINANCE □EMAIL □OTHER
	PASSWORD:
ONLINE ACCT TYPE: □SO	CIAL MEDIA □FINANCE □EMAIL □OTHER
	PASSWOR D:



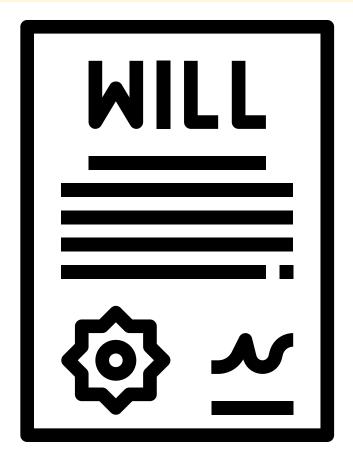
GENERAL INFORMATION



GENERAL INFORMATION

WHAT IS YOUR BLOOD TYPE:
LIST YOUR COMMON ALLERGIES:
MEDICAL ALLERGIES:
NOTES:





Will

Will Insert





American Power of Attorney

American Power of Attorney Insert





German Power of Attorney

German Power of Attorney Insert





Tax Year ___ Insert



Tax Year ___ Insert



-	

Tax Year ___ Insert



Tax Year ___ Insert



Tax Year ___ Insert





Inheritance
Tax
Document

Inheritance Tax Document Insert



MODULE 3

PERSONAL ASSETS

This module focuses on assisting you in listing your real property, and identifying those items that are jointly owned, their valuation, and location. Having your real property inventory listed in a single location will provide your Surviving family members the ability to locate and identify your property to more easily facilitate bestowment of your estate in accordance with your final wishes.

PROPERTY TYPE:

□HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER

IS THIS PROPERTY CO-OWNED: □YES □NO
NAME OF CO-OWNER:
PROPERTY VALUE:
LOCATION OF PROPERTY:
DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED:
PROPERTY TYPE: □HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER
IS THIS PROPERTY CO-OWNED: □YES □NO
NAME OF CO-OWNER:
PROPERTY VALUE:
LOCATION OF PROPERTY:
DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED:



PROPERTY TYPE:
□HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER
IS THIS PROPERTY CO-OWNED: □YES □NO
NAME OF CO-OWNER:
PROPERTY VALUE:
LOCATION OF PROPERTY:
DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED:
PROPERTY TYPE:
□HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER
IS THIS PROPERTY CO-OWNED: □YES □NO
IS THIS TROTERT TOO OWINED. ETES EIVO
NAME OF CO-OWNER:
PROPERTY VALUE:
LOCATION OF PROPERTY:
DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED:



PROPERTY TYPE:

□HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER
IS THIS PROPERTY CO-OWNED: □YES □NO
NAME OF CO-OWNER:
PROPERTY VALUE:
LOCATION OF PROPERTY:
DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED:
PROPERTY TYPE: □HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER
IS THIS PROPERTY CO-OWNED: □YES □NO
NAME OF CO-OWNER:
PROPERTY VALUE:
LOCATION OF PROPERTY:
DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED:



PROPERTY TYPE:

□HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER IS THIS PROPERTY CO-OWNED: □YES □NO NAME OF CO-OWNER: PROPERTY VALUE: ____ LOCATION OF PROPERTY: _____ DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED: _____ PROPERTY TYPE: □HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER IS THIS PROPERTY CO-OWNED: □YES □NO NAME OF CO-OWNER: PROPERTY VALUE: LOCATION OF PROPERTY: DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED:



PROPERTY TYPE: □HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER IS THIS PROPERTY CO-OWNED: □YES □NO NAME OF CO-OWNER: PROPERTY VALUE: _____ LOCATION OF PROPERTY: DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED: _____ PROPERTY TYPE: □HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER IS THIS PROPERTY CO-OWNED: □YES □NO NAME OF CO-OWNER: PROPERTY VALUE: LOCATION OF PROPERTY:



DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED: _____

PROPERTY TYPE:

□HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER

IS THIS PROPERTY CO-OWNED: □YES □NO
NAME OF CO-OWNER:
PROPERTY VALUE:
LOCATION OF PROPERTY:
DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED:
PROPERTY TYPE:
□HOUSE/LAND □AUTO □ART/COLLECTABLES □OTHER
IS THIS PROPERTY CO-OWNED: □YES □NO
NAME OF CO-OWNER:
PROPERTY VALUE:
LOCATION OF PROPERTY:
DEED/TITLE/DOCUMENT OF OWNERSHIP IS LOCATED:





American Home Deed

American Home Deed Insert

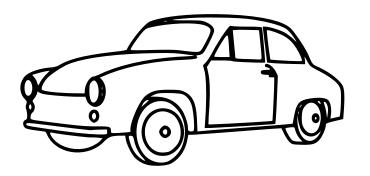




German Home Deed

German Home Deed Insert





Automobile Titles

Automobile Titles Insert





Certificates of Provenance

Certificate of Provenance Insert



MODULE 4

ONLINE ACCOUNTS

This module focuses on your automation and online digital profile accounts. It will allow you to document the security access to your various accounts. Having this information will allow your Survivors to notify your personal contacts on Social Media, email or other platforms of your passing. It will also allow your Survivors the option to either close your accounts or convert them into a digital memorial in your memory where friends and family can trade stories of their experiences during the time they spent with you.

CELL/HANDY #:	PIN/PASSWORD:
PC/LAPTOP PIN/PASSWORD:	
iPad/TABLET PIN/PASSWORD:	
ONLINE ACCT TYPE: SOCIAL M	MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
	IEDIA □FINANCE □EMAIL □OTHER
	PASSWORD:
	MEDIA □FINANCE □EMAIL □OTHER
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: SOCIAL N	MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOCIN	DACCWODD.



CELL/HANDY #:	PIN/PASSWORD:
PC/LAPTOP PIN/PASSWORD:	
iPad/TABLET PIN/PASSWORD: _	
ONLINE ACCT TYPE: □SOCIAL	MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: SOCIAL 1	MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
	MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: □SOCIAL	MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD.



CELL/HANDY #:	PIN/PASSWORD:
PC/LAPTOP PIN/PASSWORD:	
iPad/TABLET PIN/PASSWORD:	
ONLINE ACCT TYPE: □SOCIAL N	MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
	PASSWORD:
	MEDIA □FINANCE □EMAIL □OTHER
	PASSWORD:
	MEDIA □FINANCE □EMAIL □OTHER
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: SOCIAL 1	MEDIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOCIN	DACCWODD.



CELL/HANDY #:	PIN/PASSWORD:
PC/LAPTOP PIN/PASSWORD:	
iPad/TABLET PIN/PASSWORD:	
ONLINE ACCT TYPE: □SOCIAL MED	IA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
	IA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
ONLINE ACCT TYPE: SOCIAL MED	DIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN:	PASSWORD:
	DIA □FINANCE □EMAIL □OTHER
WEBSITE:	
LOGIN	DACCWODD.





Automobile Insurance

Automobile Insurance Insert



MODULE 5

MEDICAL INFORMATION

This module focuses on your health and primary medical care. It will assist you in identifying all of your current pharmaceutical prescriptions, medical conditions, and your physician contact information. It will provide you and family with a quick way to communicate vital information to your tending physician in the unfortunate event that you are medically incapacitated, and unable to communicate.

GENERAL INFORMATION

I HAVE A LIVING WILL: □YES □NO
MY LIVING WILL IS LOCATED:
I HAVE A HEALTH CARE POWER OF ATTORNEY: □YES □NO
MY APOINTED AGENT IS:
I HAVE A "DO NOT RESUSCITATE ORDER" (DNR): □YES □NO
MY DNR IS LOCATED:
I AM AN ORGAN DONOR: □YES □NO
MY ORGAN DONATION/ANATOMICAL GIFT INFORMATION IS LOCATED:
NOTES:



GENERAL INFORMATION

WHAT IS YOUR BLOOD TYPE:
LIST YOUR COMMON ALLERGIES:
MEDICAL ALLERGIES:
NOTES:



MEDICAL INFORMATION

DOCTOR NAME:
□PRIMARY PHYSICIAN □DENTAL □VISION □OTHER
ADDRESS:
TELEPHONE #:
WEBSITE:
DOCTOR NAME:
□PRIMARY PHYSICIAN □DENTAL □VISION □OTHER
ADDRESS:
TELEPHONE #:
WEBSITE:
NOTES:
-

INSURANCE INFORMATION

COMPANY NAME:	
NSURANCE TYPE: HEALTH DENTAL LIFE OTHER	
POLICY #: TELEPHONE #:	
ADDRESS:	
COMPANY NAME:	
NSURANCE TYPE: HEALTH DENTAL LIFE OTHER	
POLICY #: TELEPHONE #:	
ADDRESS:	
COMPANY NAME:	
COMPANY NAME:	
POLICY #:TELEPHONE #:	
ADDRESS:	

INSURANCE INFORMATION

COMPANY NAME:	
INSURANCE TYPE: □HEALTH □D	ENTAL DLIFE DOTHER
POLICY #:	TELEPHONE #:
ADDRESS:	
COMPANY NAME:	
INSURANCE TYPE: □HEALTH □D	ENTAL DLIFE DOTHER
POLICY #:	TELEPHONE #:
ADDRESS:	
NOTES:	

CONDITIONS PREVALENT (MAIN) MEDICAL CONDITIONS

Condition 1:	
Condition 2:	
Condition 3:	
Condition 4:	
Condition 5:	
Condition 6:	
Condition 7:	
Condition 8:	
Condition 9:	
Condition 10:	
Condition 11:	
Condition 12:	
Condition 13:	
Condition 14:	
Condition 15:	
Condition 16:	
Condition 17:	
Condition 18:	
Condition 19:	
Condition 20:	
NOTES:	_
	_

CONDITIONS PREVALENT (MAIN) DENTAL CONDITIONS

Condition 1:	
Condition 2:	
Condition 3:	
Condition 4:	
Condition 5:	
Condition 6:	
Condition 7:	
Condition 8:	
Condition 9:	
Condition 10:	
Condition 11:	
Condition 12:	
Condition 13:	
Condition 14:	
Condition 15:	
Condition 16:	
Condition 17:	
Condition 18:	
Condition 19:	
Condition 20:	
NOTES:	

CONDITIONS PREVALENT (MAIN) VISION CONDITIONS

Condition 1:	
Condition 2:	
Condition 3:	
Condition 4:	
Condition 5:	
Condition 6:	
Condition 7:	
Condition 8:	
Condition 9:	
Condition 10:	
Condition 11:	
Condition 12:	
Condition 13:	
Condition 14:	
Condition 15:	
Condition 16:	
Condition 17:	
Condition 18:	
Condition 19:	
Condition 20:	
NOTES:	

PRESCRIPTIONS ACTIVE MEDICAL PRESCRIPTIONS

PRESCRIPTIONS ACTIVE DENTAL PRESCRIPTIONS

Condition 1:	
Condition 2:	
Condition 3:	
Condition 4:	
Condition 5:	
Condition 6:	
Condition 7:	
Condition 8:	
Condition 9:	
Condition 10:	
Condition 11:	
Condition 12:	
Condition 13:	
Condition 14:	
Condition 15:	
Condition 16:	
Condition 17:	
Condition 18:	
Condition 19:	
Condition 20:	
NOTES:	

PRESCRIPTIONS ACTIVE VISION PRESCRIPTIONS

Condition 1:	
Condition 2:	
Condition 3:	
Condition 4:	
Condition 5:	
Condition 6:	
Condition 7:	
Condition 8:	
Condition 9:	
Condition 10:	
Condition 11:	
Condition 12:	
Condition 13:	
Condition 14:	
Condition 15:	
Condition 16:	
Condition 17:	
Condition 18:	
Condition 19:	
Condition 20:	
NOTES:	
	_





Medical & Dental Insurance

Medical & Dental Insurance 🔑 Insert



MODULE 6

ELIGIBILITY AND SURVIVOR BENEFITS

This module focuses on you ensuring that your Survivors have all the required information and documents needed to ensure their entitled benefits are started with minimal delay. It is important that you take the time to go over this module with your Survivor to make sure they understand who to contact after you are gone. Peace of mind for you and your family is what is most important.

VA SUMMARY DATA

VA BENEFIT: VA Dependency and Indemnity Compensation for spouses, dependents, and
parents
WEBSITE: https://www.va.gov/disability/dependency-indemnity-compensation/
VA BENEFIT: How to apply for a Veteran's funeral.
WEBSITE: https://www.va.gov/burials-memorials/veterans-burial-allowance/
VA BENEFIT: VA Survivor's pension
WEBSITE: https://www.va.gov/pension/survivors-pension/
NOTES:
VA BENEFIT: Health care for spouses, dependents, and Family caregivers
WEBSITE: https://www.va.gov/health-care/family-caregiver-benefits/
VA BENEFIT: VA Education benefits for Survivors and dependents
WEBSITE: https://www.va.gov/educatoin/survivor-dependent-benefits/
VA BENEFIT: VA home loan programs for surviving spouses
WEBSITE: https://www.va.gov/housing-assistance/home-loans/surviving-spouse/
NOTES:



Veterans Affairs Summary of 👅 Benefits Insert

,	



DD Form 214 / 215

DD Form 214 / 215 Insert





20 Year Letter

20 Year Letter Insert







Entitlements

Military Benefits & Entitlements Insert



Resources of Interest



Europe & Africa Casualty Assistance Center usarmy.sembach.id-europe.mbx.casualty-assistance@army.mil Tel: 0611143-544-1340 (Main Line)

Army Emergency Relief (AER) www.aerhq.org

Comfort Zone Camp https://comfortzonecamp.org/

Dept. of Veterans Affairs Tel: 001-800-827-1000 or www.va.gov

Tricare

https://www.tricare-overseas.com/
Claims Processing Mailing Address for All Other Beneficiaries
TRICARE Overseas Program
PO Box 8976 Madison, WI
53708-8976

Foreign Medical Program Tel: 877-345-8179 Fax: 303-331-7803 email: hac.fmp@va.gov

> Defense Finance and Accounting Service Tel: 800-321-1080 M-F, 8 a.m. to 5 p.m. ET

US Army Memorial Affairs Activity
CMR 402 APO AE 09180
usarmy.kaiserslautern.21-tsc.list.sg-mortuary-affairs@army.mil
Tel: 06371-86-7073 / 06371-86-7074 / FAX: 06371-86-7071



Resources of Interest



Gold Star Wives of America www.goldstarwives.org

Military One Source www.militaryonesource.com

Social Security Administration www.ssa.gov Tel: 1 800-772-1213

Office Of Earnings & International Operations https://www.ssa.gov/foreign/foreign.htm

Consulate General of the United States, Frankfurt
Gießener Str. 30, 60435 Frankfurt Germany
Book an Appointment:
https://www.picktime.com/FederalBenefitsFrankfurt
Tel: 49-69-7535 42 42
Fax: 49-69-749352

Medicare Sign up online: https://www.ssa.gov/medicare/sign-up Tel: 1 800-772-1213

Society of Military Widows www.militarywidows.org

Tragedy Assistance Program for Survivors www.taps.org

Gold Star Mothers www.goldstarmoms.com



Resources of Interest



Army's Survivor Outreach Services Tel: 833-313-1960 or https://dcsg9.army.mil/safr/sos/sos.html

> Navy Casualty Services Tel: 866-787-0081

Mortuary: mill_NAVMORT.fct@navy.mil

Navy Gold Star Program: Tel: 888-509-8759 or https://www.navygoldstar.com/

Headquarters Marine Corps Casualty

Tel: (800) 847-1597 or https://www.manpower.usmc.mil/webcenter/portal/MRAHome
Long Term Assistance Program Tel: 866-210-3421 (Ext 2)
Marine Corps Funeral Honors (24Hrs) Tel: 866-826-3628

Air Force Casualty Assistance Representative Locator Tel: 877-353-6807

Air Force Retiree Services Tel: 800-525-0102 Email: afpc.retiree@us.af.mil Air Force Families Forever Tel: 866-299-0596 https://www.afpc.af.mil/Airman-and-Family/Air-Force-Families-Forever/

United States Coast Guard Casualty

(866) 772-8724 (M- F 7:30-4:00 (central time)) ppc-dg-customercare@uscg.mil Coast Guard Gold Star Program: https://www.dcms.uscg.mil/PSD/fs/Gold-Star-Program/



