
STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2; the proponent agency is DCS, G-1.

NAME OF DECEASED *(Last, First, MI)* GRADE BRANCH OF SERVICE DATE OF INCIDENT

ORGANIZATION AND BASE

PLACE OF DEATH/INCIDENT

CONDITION OF REMAINS *(Describe briefly in Narrative below)*

<input type="checkbox"/> Recognizable	<input type="checkbox"/> Not Recognizable	<input type="checkbox"/> Commingled	<input type="checkbox"/> Mutilated
<input type="checkbox"/> Burned	<input type="checkbox"/> Decomposed	<input type="checkbox"/> Semi-Skeletal	<input type="checkbox"/> Skeletal

MEANS OF IDENTIFICATION *(Check all appropriate boxes. Specify supporting data in Narrative below)*

<input type="checkbox"/> Fingerprint Comparison	<input type="checkbox"/> Footprint Comparison	<input type="checkbox"/> Dental Comparison	<input type="checkbox"/> Anatomical Comparison
<input type="checkbox"/> Skeletal Comparison	<input type="checkbox"/> Personal Effects	<input type="checkbox"/> Visual Recognition	<input type="checkbox"/> Identification Tag(s)
<input type="checkbox"/> Other <i>(Explain in Narrative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENCLOSURES

<input type="checkbox"/> DD Form 565	<input type="checkbox"/> DD Form 890	<input type="checkbox"/> DD Form 891	<input type="checkbox"/> DD Form 892
<input type="checkbox"/> DD Form 893	<input type="checkbox"/> DD Form 894	<input type="checkbox"/> DD Form 567	<input type="checkbox"/> ID Card
<input type="checkbox"/> DD Form 369	<input type="checkbox"/> FD 258	<input type="checkbox"/> AF Form 137	<input type="checkbox"/> SF 603
<input type="checkbox"/> Dental X-Rays	<input type="checkbox"/> SF 88	<input type="checkbox"/> SF 93	<input type="checkbox"/> DD Form 2064
<input type="checkbox"/> SF 601	<input type="checkbox"/> Photo	<input type="checkbox"/>	<input type="checkbox"/>

NARRATIVE AND SUMMARY *(Continue on reverse or use additional sheets, if required)*

NARRATIVE AND SUMMARY (Continued)

RECOMMENDATIONS

RECOMMENDATIONS PRESENTED

TYPED NAME OF IDENTIFICATION SPECIALIST	NAME AND ADDRESS OF INSTALLATION
TITLE OF IDENTIFICATION SPECIALIST	
SIGNATURE OF IDENTIFICATION SPECIALIST	DATE

RECOMMENDATIONS APPROVED

To the best of my knowledge and belief, the statements made herein are correct and true.

TYPED NAME OF APPROVING OFFICER	GRADE	NAME AND ADDRESS OF INSTALLATION
TITLE OF APPROVING OFFICER		
SIGNATURE OF APPROVING OFFICER		DATE