

MORTUARY ACTIVITY & STATUS REPORT (OVERSEAS)

For use of this form, see AR 638-2; the proponent agency is ODCSPER

REQUIREMENT CONTROL SYMBOL
CSGPA-1745

TO:

FROM: *(Reporting Command)*

QUARTER COVERED

FROM:

TO:

**SECTION I
MORTUARY ACTIVITIES**

ARMY			NAVY			AF			USMC			ALL OTHERS	TOTAL
MIL	DEPN	CIV	MIL	DEPN	CIV	MIL	DEPN	CIV	MIL	DEPN	CIV		

1. REMAINS PROCESSED--LOCAL DEATHS

a. Local Disposition														
b. Prepared for Shipment														

2. FROM OTHER COMMANDS *(Identify in Remarks)*

a. Local Disposition														
b. Preparation & Shipment														
3. TOTAL PROCESSED														
4. NUMBER OF ABOVE PROCESSED FOR IDENTIFICATION														

*Explain in Remarks

SECTION II--OPERATING STOCK STATUS *(Excl Depot Stocks)*

	ON HAND	ON LOAN	IN TRANSIT	TOTAL
1. Number of Transfer Cases				
2. Number of Caskets				
3. Number of Pouches, Human Remains				
4. Mortuary Supplies on Hand Sufficient for _____ Remains.	5. Refrigeration Capability _____ Remains.			

SECTION III--PERSONNEL ASSIGNED

1. MILITARY	2. DAC	3. LN	4. OTHER	5. TOTAL	
					6. LICENSED EMBALMERS
					a. DAC b. MILITARY

7. Number of Memorial Activities Specialists assigned. Explain if included in 6b, (i.e., MOS 57F20, 57F40, 57F50)

REMARKS *(Use separate sheet if necessary)*

TYPE NAME OF MORTUARY OFFICER

SIGNATURE

DATE