

ESCORT REPORT

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

PART I - TO BE COMPLETED BY MORTUARY AFFAIRS OFFICER

1. MORTUARY AFFAIRS OFFICER <i>(Official Mailing Address)</i>		2. COMMERCIAL PHONE NO.	
3. NAME OF DECEASED <i>(Last, First, Middle)</i>	4. GRADE	5. SSN	
6. NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION OF REMAINS		7. RELATIONSHIP TO DECEASED	
8. NAME AND ADDRESS OF RECEIVING FUNERAL HOME <i>(Include ZIP Code)</i>		9. PHONE NO.	

PART II - TO BE COMPLETED BY FUNERAL DIRECTOR

10. CONDITION OF REMAINS UPON ARRIVAL AT FUNERAL HOME		
11. NAME AND TITLE	12. SIGNATURE	13. DATE

PART III - TO BE COMPLETED BY ESCORT

14. DATE AND TIME OF DEPARTURE FOR ESCORT DUTIES	15. DATE AND TIME OF ARRIVAL AT DESTINATION	
16. CONDITION OF CASKET <input type="checkbox"/> NOT DAMAGED-ACCEPTABLE <input type="checkbox"/> DAMAGED IF DAMAGED, ACTION TAKEN TO RESOLVE:		
17. REMARKS		
18. NAME AND GRADE OF ESCORT	19. SIGNATURE	20. DATE
21. REVIEWED BY MORTUARY OFFICER <i>(Name and grade)</i>	22. SIGNATURE	23. DATE