

REPORT OF CASUALTY		REPORT CONTROL SYMBOL DD-P&R(AR)1664			
		1. REPORT TYPE		2. DATE PREPARED	
3. SERVICE IDENTIFICATION					
a. NAME (Last, First, Middle and Suffix)		b. SOCIAL SECURITY NO.	c. RANK	d. PAY GRADE	e. OCCUPATIONAL CODE/ RATING
f. COMPONENT	g. BRANCH	h. ORGANIZATION			
4. CASUALTY INFORMATION					
a. TYPE	b. STATUS	c. CATEGORY	d. DATE OF CASUALTY	e. PLACE OF CASUALTY	
f. CIRCUMSTANCES					
g. DUTY STATUS				h. BODY RECOVERED	
5. BACKGROUND INFORMATION					
a. DATE OF BIRTH	b. PLACE OF BIRTH		c. COUNTRY OF CITIZENSHIP		
d. RACE					
e. ETHNICITY				f. SEX	
g. RELIGIOUS PREFERENCE					
6. ACTIVE DUTY INFORMATION					
a. PLACE OF ENTRY	b. DATE OF ENTRY	c. HOME OF RECORD AT TIME OF ENTRY			
7. INTERESTED PERSONS/REMARKS (Name, Address, and Relationship) (Continue on separate sheet, if necessary)					
<p>FOOTNOTES: 1 Adult next of kin. 2 Beneficiary for gratuity pay in event there is no surviving spouse or child - as designated on record of emergency data. 3 Beneficiary for unpaid pay and allowances - as designated on record of emergency data.</p>					
8. REPORTING INFORMATION					
a. COMMAND AGENCY				b. DATE RECEIVED	
9. DISTRIBUTION		10. SIGNATURE ELEMENT			
NOTE: This form may be used to facilitate the cashing of bonds, the payment of commercial insurance, or in the settlement of any other claim in which proof of death is required.					