

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is PMG.

INTERMENT SERIAL NUMBER

FROM:

TO:



NAME (Last, first, MI)		GRADE	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH			DATE OF BIRTH
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH	DATE OF DEATH	CAUSE OF DEATH	
PLACE OF BURIAL			DATE OF BURIAL
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER

FORWARDED WITH DEATH
CERTIFICATE TO (Specify)

FORWARDED SEPARATELY TO
(Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

<p>DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY</p>	DATE	SIGNATURE OF MEDICAL OFFICER
	SIGNATURE OF COMMANDING OFFICER	
	WITNESSES	
	SIGNATURE	ADDRESS
	SIGNATURE	ADDRESS