

COLLECTION POINT REGISTER OF DECEASED PERSONNEL

1. DATE OF REPORT _____

2. PAGE _____ OF _____ PAGES

3. COLLECTION POINT NAME _____

4. COLLECTION POINT LOCATION *(Include grid coordinates)* _____

5. ORGANIZATION OPERATING COLLECTION POINT _____

6. EVACUATION NUMBER	7. INFORMATION ON BELIEVED TO BE (BTB) IDENTIFIED DECEASED				8. SEARCH AND RECOVERY NUMBER	9. NAME OF PERSON AND/OR UNIT RECOVERING REMAINS	10. PLACE OF RECOVERY <i>(Include grid coordinates)</i>	11. DATE RECOVERED	12. UNIT RECEIVED FROM	13. REMAINS EVACUATED TO
	a. NAME <i>(Last, First, Middle Initial)</i> <i>(If unidentified, so state)</i>	b. GRADE	c. SSN/DoD ID NUMBER	d. ORGANIZATION						