

COLLECTION POINT REGISTER OF DECEASED PERSONNEL						1. DATE OF REPORT	2. PAGE OF _____ PAGES			
3. COLLECTION POINT NAME			4. COLLECTION POINT LOCATION ( <i>Include grid coordinates</i> )			5. ORGANIZATION OPERATING COLLECTION POINT				
6. EVACUATION NUMBER	7. INFORMATION ON 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. RANK	c. SSN	d. ORGANIZATION						