
STATEMENT OF IDENTIFICATION

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

NAME OF DECEASED <i>(Last, First, MI)</i>	GRADE	SSN	BRANCH OF SERVICE	DATE OF INCIDENT
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ORGANIZATION AND BASE

PLACE OF DEATH/INCIDENT

CONDITION OF REMAINS *(Describe briefly in Narrative below)*

Recognizable	Not Recognizable	Commingled	Mutilated
Burned	Decomposed	Semi-Skeletal	Skeletal

MEANS OF IDENTIFICATION *(Check all appropriate boxes. Specify supporting data in Narrative below)*

Fingerprint Comparison	Footprint Comparison	Dental Comparison	Anatomical Comparison
Skeletal Comparison	Personal Effects	Visual Recognition	Identification Tag(s)
Other <i>(Explain in Narrative)</i>			

ENCLOSURES

DD Form 565	DD Form 890	DD Form 891	DD Form 892
DD Form 893	DD Form 894	DD Form 897	ID Card
DD Form 369	FD 258	AF Form 137	SF 603
Dental X-Rays	SF 88	SF 93	DD Form 2064
SF 601	Photo		

NARRATIVE AND SUMMARY *(Continue on reverse or use additional sheets, if required)*

NARRATIVE AND SUMMARY (Continued)

RECOMMENDATIONS

RECOMMENDATIONS PRESENTED

TYPED NAME OF IDENTIFICATION SPECIALIST	NAME AND ADDRESS OF INSTALLATION
TITLE OF IDENTIFICATION SPECIALIST	
SIGNATURE OF IDENTIFICATION SPECIALIST	DATE

RECOMMENDATIONS APPROVED

To the best of my knowledge and belief, the statements made herein are correct and true.

TYPED NAME OF APPROVING OFFICER	GRADE	NAME AND ADDRESS OF INSTALLATION
TITLE OF APPROVING OFFICER		
SIGNATURE OF APPROVING OFFICER		DATE