

STATEMENT OF RECOGNITION OF DECEASED

1. BELIEVED TO BE (BTB) IDENTIFIED DECEDENT			
a. NAME <i>(Last, First, Middle Initial) (or Unidentified)</i>	b. GRADE	c. SSN/DoD ID NUMBER	d. DATE OF BIRTH (YYYYMMDD)
e. ORGANIZATION		f. SERVICE	
g. RECEIVED FROM	h. EVAC #	i. RFID #	j. CBRNE STATEMENT (X) <input type="checkbox"/> YES <input type="checkbox"/> NO

2. I HAVE PERSONALLY VIEWED THE REMAINS BTB IDENTIFIED ABOVE. RECOGNITION IS BASED ON THE FOLLOWING:

3. DETAILS OF VIEWING/BTB IDENTIFICATION		
a. DATE (YYYYMMDD)	b. TIME	c. PLACE

4. PERSON MAKING VISUAL IDENTIFICATION			
a. NAME <i>(Last, First, Middle Initial)</i>	b. GRADE	c. SSN/DoD ID NUMBER	
d. ORGANIZATION	e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)
g. RELATIONSHIP TO DECEASED <i>(CDR, ISG, Friend, Relative, Mortuary Affairs Personnel, etc.)</i>	h. LENGTH OF TIME YOU KNEW DECEASED <i>(Number of months or years) (Mortuary Affairs Personnel mark this block N/A)</i>		

5. WITNESS I certify that the individual identified in Item 4 has viewed the remains in my presence, and that to the best of my knowledge the above information is true.			
a. NAME <i>(Last, First, Middle Initial)</i>	b. GRADE	c. DoD ID NUMBER	
d. ORGANIZATION	e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)