



North Carolina National Guard Casualty Operations Report of Retiree Casualty

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SECTION 1: DECEASED INFORMATION:

| | | | | |
|-----------------------|----------------------|--------------|----------------------|------|
| Person Taking Request | Person Calling | Today's Date | | |
| Deceased's Name | SSN | Rank | Branch | Race |
| Cause of Death | City, State of Death | | Date / Time of Death | |
| Date of Birth | City, State of Birth | | Religious Preference | |

SECTION 2: NEXT OF KIN INFORMATION:

| | | | | |
|------------------|--------------|---------------|----------|--|
| NOK's Name | Relationship | Telephone | | |
| Address | City | State | ZIP Code | |
| Date of Marriage | NOK SSN | Date of Birth | | |

SECTION 3: ADDITIONAL INFORMATION (as available):

| | | | |
|---------------------------|------------------|----------------------|--|
| Alternate POC / Notes | ALT Phone # | | |
| Dates of Military Service | Funeral Home POC | Funeral Home Phone # | |

Additional Notes:

Funeral Date and Time:

Funeral Home: