


| RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i> | | | | DATE | |
|---|-------------|--|------------------|--|--------------|
| LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Or unknown number)</i> | | GRADE | SERVICE NO. SSAN | CIL CASE NUMBER <i>(If applicable)</i> | |
| NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER | | | | PLOT | ROW GRAVE |
| RECEIVED FROM | | | | IMPRINT OF IDENTIFICATION TAG  | |
| OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>(Include personal effects aiding identification)</i> | | | | | |
| ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS <i>(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)</i> | | | | | |
| FINGERPRINTS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO | | X-RAYS MADE <input type="checkbox"/> YES <input type="checkbox"/> NO | | FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO | | ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input type="checkbox"/> NO | | CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PHYSICAL DESCRIPTION | | | | | |
| ESTIMATED HEIGHT | MUSCULARITY | COLOR OF HAIR | RACE OR NATIVITY | | |
| TATTOOS, SCARS OR MARKS ON BODY | | | | | |
| EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS | | | | | |
| WOUNDS OR INJURIES | | | | | |
| I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE. | | | | | |
| NAME, GRADE, AND ORGANIZATION | | | | SIGNATURE | |