

RECORD OF PERSONAL EFFECTS

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

1. LAST NAME, FIRST NAME, MIDDLE INITIAL		2. GRADE	3. SERVICE NUMBER/SSN	
4. ORGANIZATION				
5. STATUS (<i>Deceased, Missing, or Captured</i>)		6. DATE OF STATUS	7. PLACE	
8. INVENTORY OF EFFECTS			9. FUNDS/NEGOTIABLE INSTRUMENTS	
a. QUANTITY	b. ITEM		a. TRANSMITTED TO RECIPIENT	
			b. FUNDS DEPOSITED OR OTHERWISE DISPOSED OF	
			(1) AMOUNT AND DESCRIPTION	(2) DISPOSITION
ATTACH SUPPLEMENTAL SHEET FOR ADDITIONAL ITEMS.				
10. EFFECTS SHIPPED TO:		11. DATE AND METHOD OF SHIPMENT (<i>B/L No., Registry No., etc.</i>)		
12. SUMMARY COURT OR COMMANDING OFFICER'S REPRESENTATIVE				
a. SIGNATURE		13. <i>I acknowledge receipt of all articles listed in Block 8 and all items recorded in Block 9a.</i>		
b. TYPED NAME AND GRADE	c. DATE	a. SIGNATURE OF RECIPIENT		
d. ORGANIZATION	b. PRINTED OR TYPED NAME OF RECIPIENT	c. DATE		