

## RECORD OF PERSONAL EFFECTS

For use of this form, see AR 638-2; the proponent agency is DCS, G-1

1. LAST NAME, FIRST NAME, MIDDLE INITIAL		2. GRADE	
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
<b>ATTACH SUPPLEMENTAL SHEET FOR ADDITIONAL ITEMS.</b>			
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