## CUI (when filled in)

RECORD OF PERSONAL EFFECTS OF BELIEVED TO BE (BTB) DECEASED						YYYMMDD)	2. PAGE	PAGES		
3. BTB DECEDEN										
	Middle Initial) (or Unidentified)	b. GRADE	c. SSN/DoD ID NO.	d. ORGANIZAT	LIUN					
di Hame (Eddy : "es,	winding initially (or orindonalisa)	D. 01012	0. 0014/202 12 1151	u. 01.07	ion i					
4. PLACE OF REC	OVERY (Include grid coordinates	;)			5. DATE OF RECOVERY 6. EVA			CUATION NUMBERS		
				(YYYYMMD	)D) 	a. #1				
7. INVENTORY OF	PERSONAL EFFECTS									
a. QUANTITY	b. DESCRIPTION			c. RECEIVED	d. CONDITION e. DISF		DISPOSITION			
					+					
				1						
				+	+					
	<u> </u>				+	-+				
				+	+					
	IABLE INSTRUMENTS/OTHE	R HIGH VALU	JE ITEMS TRANSMIT	1	1					
a. QUANTITY	b. DESCRIPTION			c. RECEIVED	d. CONDITIO	ON e.	DISPOSITION			
				+	+					
				+	+					
9. EFFECTS INVE	│ NTORIED ABOVE REPRESEN	NT (X as appro	priate)							
	FECTS RECOVERED FROM UNIT		ALL KNOWN EFFECT	S RECOVERED F	FROM REMAIN	NS				
10. EFFECTS INVE	ENTORY CONTINUED ON BA	CK OF FORM	M (X one) YES	NO						
11. PREPARING C										
a. NAME (Last, First,	Middle Initial)	<b>b.</b>	GRADE	c. ORGANIZATI	c. ORGANIZATION					
d. SIGNATURE						e.	DATE SIGNED (YYYYMMDD)			
							(TTTTIVIIVIDD)			
12. VERIFIED BY										
a. NAME (Last, First,	Middle Initial)	b.	GRADE	c. ORGANIZATI	ON					
<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
d. SIGNATURE						e.	DATE SIGNED			
							(YYYYMMDD)			
40 05050//000	FFIOLAL									
13. RECEIVING OI a. NAME (Last, First,		h	GRADE	c. ORGANIZATI	ON .					
d. NAME (Last, First,	Middle Millary	D. 1	GRADE	C. ORGANIZATI	ON					
d. SIGNATURE						e.	DATE SIGNED	)		
							(YYYYMMDD)			

**DD FORM 1076, AUG 2015** 

CUI (when filled in)

Controlled by: OUSD(P&R)
CUI Category: PRVCY
LDC: FEDCON
POC: dodhra.mc-alex.dhra-hq.mbx.forms@mail.mil

## CUI (when filled in)

7. INVENTORY OF PERSONAL EFFECTS (Continued)										
a. QUANTITY	b. DESCRIPTION		c. RECEIVED	d. CONDITION	e. DISPOSITION					
	IABLE INSTRUMENTS/OTHER HIGH V	ALUE ITEMS TRANSI	1	1						
a. QUANTITY	b. DESCRIPTION		c. RECEIVED	d. CONDITION	e. DISPOSITION					
13 RECEIVING OF	 FFICIAL (If inventory continued)									
a. NAME (Last, First,		b. GRADE	c. ORGANIZATI	ON						
, , ,	,									
d. SIGNATURE	e. DATE SIGNED									
d. SIGNATURE	(YYYYMMDD)									
14. PERSON ELIG	IBLE TO RECEIVE EFFECTS (PERE)				•					
I understand	that the delivery of the personal effec									
accept these effects contingent upon possible disposition to others in accordance with applicable state laws.										
a. NAME (Last, First,	IED BEFORE RECE	PT? (X one)								
		YES NO								
c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)									
					(1.1.1/////////////////////////////////					

DD FORM 1076 (BACK), AUG 2015