Prescribed	bv	DoD	Joint	Publication	04-06
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	1. DATE (YYYYMMDD)									
•				ECOVERY						
2. DECEDENT				T						
a. NAME (Last, First, Middle Initial) (or Unidentified) b. GRADE			c. SSN/DoD ID NUMBER d. ORG.		d. ORGANIZAT	GANIZATION				
3. TYPE OF SEARCH						DF RECOVERY	7. CBRNE STATEMENT ATTACHED (X) YES NO			
 PLACE OF RECOVERY (Indicate map sheet number, grid coordinates, name of nearest village or town; name, description, or number of roads, mountains or other landmarks; type of grave (shallow, deep, surface); type of position (artillery, infantry). If recovered from a vehicle, tank or plane, give position therein.) IDENTIFICATION MEDIA FOUND IN GRAVE AND/OR SURROUNDING AREA (Include serial numbers found on vehicles, tanks, aircraft and weapons.) 										
10. OTHER REMAINS RECOVER		MISSION	11	. RECOVERY T	EAM MEME	BERS				
(Use continuation sheet if necessa			V NO		N 4:-I-II- I:4:-I					
SEARCH AND RECOVERY NO. a.	SEARCH	AND RECOVER b.	IT NU.	NAME (Last, First, Middle Initial) a.		GRADE	ORGANIZATION c.			
12. TEAM LEADER										
a. NAME (Last, First, Middle Initial)			b.	b. GRADE c. ORGANIZATION						
d. SIGNATURE			I		1		e. DATE SIGNED (YYYYMMDD)			
13. RECEIVING OFFICIAL										
a. NAME (Last, First, Middle Initial)			b.	GRADE	c. ORGANI	ZATION				
d. SIGNATURE					I		e. DATE SIGNED (YYYYMMDD)			