

INSTRUCTIONS IN THE EVENT OF DEATH

DATE

CPOA 02 (New 3-00)

Completion of this form is voluntary; it does not replace the CPOA 01, Address and Emergency Information. To be of value, this form and the Address and Emergency Information form must be current.

EMPLOYEE FULL NAME (LAST, FIRST, MIDDLE)		I.D. NUMBER	SOCIAL SECURITY NUMBER
DATE OF BIRTH	PLACE OF BIRTH (CITY, COUNTY, STATE, COUNTRY, PROVINCE)		
ACTIVE MILITARY <input type="checkbox"/> Yes <input type="checkbox"/> No	FORMER MILITARY <input type="checkbox"/> Yes <input type="checkbox"/> No	ACTIVE RESERVE <input type="checkbox"/> Yes <input type="checkbox"/> No	INACTIVE RESERVE <input type="checkbox"/> Yes <input type="checkbox"/> No
BRANCH	RANK	RATE	DATES OF SERVICE To
IF ACTIVE OR RESERVE: COMMAND		OFFICER IN CHARGE	TELEPHONE NUMBER
SPOUSE/SIGNIFICANT OTHER FULL NAME (LAST, FIRST, MIDDLE)		MAIDEN NAME	I.D. NUMBER SOCIAL SECURITY NUMBER
DATE OF BIRTH	PLACE OF BIRTH: CITY, COUNTY, STATE, COUNTRY, PROVINCE		
FORMER SPOUSE FULL NAME (LAST, FIRST, MIDDLE)		MAIDEN NAME	I.D. NUMBER SOCIAL SECURITY NUMBER
DATE OF MARRIAGE	DATE OF DISSOLUTION	LOCATION OF DISSOLUTION DOCUMENTS <input type="checkbox"/> MORE INFORMATION ATTACHED	

Natural, adopted, or stepchildren. List address/telephone number if not living with you.

NAME (LAST, FIRST, MIDDLE)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ADDRESS	HOME
	DATE OF BIRTH		WORK
NAME (LAST, FIRST, MIDDLE)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ADDRESS	HOME
	DATE OF BIRTH		WORK
NAME (LAST, FIRST, MIDDLE)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ADDRESS	HOME
	DATE OF BIRTH		WORK
NAME (LAST, FIRST, MIDDLE)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ADDRESS	HOME
	DATE OF BIRTH		WORK
NAME (LAST, FIRST, MIDDLE)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ADDRESS	HOME
	DATE OF BIRTH		WORK
PARENT/STEPARENT OF EMPLOYEE: FATHER	TELEPHONE NUMBER	SPOUSE'S FATHER	TELEPHONE NUMBER
ADDRESS		ADDRESS	
MOTHER	TELEPHONE NUMBER	SPOUSE'S MOTHER	TELEPHONE NUMBER
ADDRESS		ADDRESS	
GRANDFATHER	TELEPHONE NUMBER	GRANDFATHER	TELEPHONE NUMBER
ADDRESS		ADDRESS	
GRANDMOTHER	TELEPHONE NUMBER	GRANDMOTHER	TELEPHONE NUMBER
ADDRESS		ADDRESS	

SIBLINGS (EMPLOYEE)		SIBLINGS (SPOUSE)	
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	

LIST PEOPLE TO BE NOTIFIED IN THE EVENT OF YOUR DEATH

NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
ADDRESS		ADDRESS	

PROFESSIONAL NOTIFICATIONS

PHYSICIAN	TELEPHONE NUMBER	ACCOUNTANT	TELEPHONE NUMBER
ADDRESS		ADDRESS	
DENTIST	TELEPHONE NUMBER	TAX PREPARER	TELEPHONE NUMBER
ADDRESS		ADDRESS	
ATTORNEY	TELEPHONE NUMBER	OTHER	TELEPHONE NUMBER
ADDRESS		ADDRESS	
EXECUTOR	TELEPHONE NUMBER	OTHER	TELEPHONE NUMBER
ADDRESS		ADDRESS	

VEHICLES (AUTOS, TRUCKS, TRAILERS, BOATS, RV'S M/C'S, ATV'S, AIRCRAFT)

DESCRIPTION	LICENSE NUMBER	LIEN HOLDER
LIEN HOLDER TELEPHONE	LOCATION OF TITLE/REGISTRATION	
DESCRIPTION	LICENSE NUMBER	LIEN HOLDER
LIEN HOLDER TELEPHONE	LOCATION OF TITLE/REGISTRATION	
DESCRIPTION	LICENSE NUMBER	LIEN HOLDER
LIEN HOLDER TELEPHONE	LOCATION OF TITLE/REGISTRATION	
DESCRIPTION	LICENSE NUMBER	LIEN HOLDER
LIEN HOLDER TELEPHONE	LOCATION OF TITLE/REGISTRATION	

Other - See Attached

INSURANCE POLICIES (ACCIDENT, HOME, AUTO, LIFE, HEALTH, UMBRELLA)

NAME OF COMPANY	POLICY NUMBER	TYPE/LOCATION OF POLICY
AGENT	ADDRESS	TELEPHONE
NAME OF COMPANY	POLICY NUMBER	TYPE/LOCATION OF POLICY
AGENT	ADDRESS	TELEPHONE
NAME OF COMPANY	POLICY NUMBER	TYPE/LOCATION OF POLICY
AGENT	ADDRESS	TELEPHONE
NAME OF COMPANY	POLICY NUMBER	TYPE/LOCATION OF POLICY
AGENT	ADDRESS	TELEPHONE

Other - See Attached

WEAPONS

DESCRIPTION	LOCATION	DESCRIPTION	LOCATION
DESCRIPTION	LOCATION	DESCRIPTION	LOCATION
DESCRIPTION	LOCATION	DESCRIPTION	LOCATION
DESCRIPTION	LOCATION	DESCRIPTION	LOCATION

Other - See Attached

OTHER PERSONAL PROPERTY

DESCRIPTION	LOCATION	DESCRIPTION	LOCATION
DESCRIPTION	LOCATION	DESCRIPTION	LOCATION
DESCRIPTION	LOCATION	DESCRIPTION	LOCATION
DESCRIPTION	LOCATION	DESCRIPTION	LOCATION

Other - See Attached

PERSONAL DOCUMENTS

LOCATION OF BIRTH CERTIFICATE	LOCATION OF INOCULATION RECORDS
LOCATION OF DD214 (MILITARY DISCHARGE)	LOCATION OF TAX RECORDS
LOCATION OF MARRIAGE LICENSE	LOCATION OF WILL/LIVING TRUST
LOCATION OF DISSOLUTION OF MARRIAGE PAPERS	<input type="checkbox"/> Other - See Attached

FINAL ARRANGEMENTS

ANATOMICAL GIFT IF YES: DESCRIPTION

Yes No Any Specific

PREPAID ARRANGEMENTS

PREPAID ARRANGEMENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES: NAME AND COVERAGE PLAN	TELEPHONE NUMBER
MORTUARY	CEMETERY/CREMATORIUM	

PLANNING PREFERENCES

FUNERAL MEMORIAL WAKE VIEWING/VIGIL

ROSARY BURIAL GRAVESIDE CREMATION

WHO WOULD YOU LIKE TO OFFICIATE?

CHAPLAIN MINISTER PASTOR PRIEST RABBI OTHER

NAME	ADDRESS	TELEPHONE NUMBER
MUSIC/SONGS	MUSIC/SONGS	
MUSIC/SONGS	MUSIC/SONGS	
SPEAKER EULOGY	SPEAKER	
SPEAKER	SPEAKER	
SPEAKER	SPEAKER	
DO YOU WANT TO BURIED IN UNIFORM? <input type="checkbox"/> Yes <input type="checkbox"/> No	FINANCIAL CONTRIBUTIONS <input type="checkbox"/> Family <input type="checkbox"/> Charity	NAME OF CHARITY

PALL BEARERS

NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER

DO YOU WANT DEPARTMENTAL PARTICIPATION?

Yes No Honor Guard Full Law Enforcement Protocols