

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
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4. ORGANIZATION

5. STATUS (<i>Deceased, Missing, or Captured</i>)	6. DATE OF STATUS	7. PLACE
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8. INVENTORY OF EFFECTS	9. FUNDS/NEGOTIABLE INSTRUMENTS
a. QUANTITY	a. TRANSMITTED TO RECIPIENT
b. ITEM	b. FUNDS DEPOSITED OR OTHERWISE DISPOSED OF
	(1) AMOUNT AND DESCRIPTION
	(2) DISPOSITION

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ATTACH SUPPLEMENTAL SHEET FOR ADDITIONAL ITEMS.

10. EFFECTS SHIPPED TO:	11. DATE AND METHOD OF SHIPMENT (<i>B/L No., Registry No., etc.</i>)
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12. SUMMARY COURT OR COMMANDING OFFICER'S REPRESENTATIVE	
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a. SIGNATURE	13. <i>I acknowledge receipt of all articles listed in Block 8 and all items recorded in Block 9a.</i>
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b. TYPED NAME AND GRADE	c. DATE	a. SIGNATURE OF RECIPIENT
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d. ORGANIZATION	b. PRINTED OR TYPED NAME OF RECIPIENT	c. DATE
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