

PERSONAL PROPERTY AND PERSONAL EFFECTS INVENTORY				Page of Pages			
<i>(If necessary, use Continuation Sheet)</i>							
1. LAST NAME, FIRST NAME, MIDDLE INITIAL <i>(Property Owner)</i>		2. GRADE	3. SSN	4. ORGANIZATION			
5. REASON FOR INVENTORY <i>(Check One)</i> : <input type="checkbox"/> Deceased <input type="checkbox"/> Missing <input type="checkbox"/> Captured <input type="checkbox"/> Non Compos Mentis <input type="checkbox"/> Other		6. DATE OF INCIDENT		7. LOCATION OF INCIDENT			
8. INVENTORIED ITEMS			9. DISPOSITION (METHOD AND CERTIFICATION)				
8a. QTY	8b. DESCRIPTION <i>(Fully describe each item. Include serial numbers, brand or trade names, color and other distinguishing features)</i>	9a. Shipped with Remains at Request of PADD	9c. Hand-carried by escort	9e. Shipped to Authorized Recipient <i>(Port Mortuary) Only</i>	9g. Shipped to Authorized Recipient <i>(SCO Use Only)</i>	9i. Other	9k. Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After last item of personal property or personal effects is listed, write "LAST ITEM" on next line. Draw a line through the same line and another through the last open line. Connect the two lines like a "Z" with a third diagonal line.		9b.	9d.	9f.	9h.	9j.	9l.
Disposition Signature Blocks (Receipt and Certification) In boxes 9(b,d,f,h,j and l) at right, print name, grade organization, and date of certification.							
10. INVENTORY CERTIFICATION BY SUMMARY COURT OFFICER OR OTHER APPOINTED PERSON							
I certify that this listing comprises all the personal effects and/or personal property located in this area. I also certify that all my other SCO responsibilities under current DoD and AF directives have been read, understood and properly discharged.							
10a. TYPED NAME, GRADE AND ORGANIZATION			10b. SIGNATURE			10c. DATE	
11. VERIFICATION OF INVENTORY							
I hereby verify that the accuracy and propriety of the above inventory is in accordance with the applicable DoD and AF directives governing it.							
11a. TYPED NAME, GRADE AND ORGANIZATION			11b. SIGNATURE			11c. DATE	
12. ACKNOWLEDGEMENT OF RECEIPT BY NEXT OF KIN OR LEGAL REPRESENTATIVE							
I understand that delivery of the personal property and/or personal effects to me does not of itself vest title for this property or effects in me. Further, I accept this property/effects contingent upon possible disposition to others in accordance with applicable state laws.							
12a. SIGNATURE		12b. RELATIONSHIP	12c. ADDRESS <i>(Street, City, State, Zip Code)</i>			12d. DATE	
13. CERTIFICATION BY MORTUARY OFFICER							
I certify that applicable directives have been complied with in this case.							
13a. TYPED NAME, GRADE AND ORGANIZATION			13b. SIGNATURE			13c. DATE	
14. CERTIFICATION BY INSTALLATION COMMANDER							
14a. TYPED NAME, GRADE AND ORGANIZATION			14b. SIGNATURE			14c. DATE	

