

WAR DEPARTMENT
 THE ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.

BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE		
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
	DAY	MONTH	YEAR			

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR. - MRS. - MISS - FIRST NAME - MIDDLE INITIAL - LAST NAME	RELATIONSHIP	DATE NOTIFIED

NO. AND NAME OF STREET - CITY - STATE

REMARKS: CORRECT COPY

ACTION BY PROCESSING AND VERIFICATION SECTION:					REPORT VERIFIED _____	FORM 48 _____	REG. _____
CASUALTY BRANCH FILE ATTACHED _____					OR CHARGED TO _____ DATE _____		
PREVIOUSLY REPORTED					NO _____	YES _____	(AS INDICATED BELOW)
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED			
FORWARDED TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. H. S. D.	CERTIF.
							M. D. M.
							NON-DEL
REPORT NOT VERIFIED _____					NO FORM _____	NO. CASE FILE _____	CHECKED BY _____
							REVIEWD BY _____

THIS SPACE FOR USE OF MACHINE RECORDS BRAND, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE		MESSAGE NO.	LATEST CAS. DATE			CREW POS.	RESIDENCE		COMP.	RACE													
		DAY	MONTH		DAY	MO.	YR.		STATE	COUNTY															
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A" _____ COPIES

(ALL TYPE OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDE)

DISTRIBUTION "B" _____ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS, ETC.)