ESCORT REPORT For use of this form, see AR 638-2; the proponent agency is DCS, G-1				
PART I - TO BE COMPLETED BY MORTUARY AFFAIRS OFFICER				
1. MORTUARY AFFAIRS OFFICER (Official Mailing Address)			2. COMMERCIAL PHONE NO.	
3. NAME OF DECEASED (Last, First, Middle)		4. GRADE	5. 1	DCIPS NUMBER
6. NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION OF REMAINS			7. RELATIONSHIP TO DECEASED	
8. NAME AND ADDRESS OF RECEIVING FUNERAL HOME (Include ZIP Code) 9. PHONE NO.				
PART II - TO BE COMPLETED BY FUNERAL DIRECTOR				
10. CONDITION OF REMAINS UPON ARRIVAL AT FUNERAL HOME				
11. NAME AND TITLE 12. SIGNATURE				13. DATE
PART III - TO BE COMPLETED BY ESCORT				
14. DATE AND TIME OF DEPARTURE FOR ESCORT DUTIES 15. DATE AND TIME OF ARRIVAL AT DESTINATION				
16. CONDITION OF CASKET NOT DAMAGED-ACCEPTABLE DAMAGED IF DAMAGED, ACTION TAKEN TO RESOLVE:				
17. REMARKS				
18. NAME AND GRADE OF ESCORT	19. SIGNA	FURE		20. DATE
21. REVIEWED BY MORTUARY OFFICER (Name and grade)	22. SIGNA	FURE		23. DATE