DEFENSE CASUALTY INFORMATION PROCESSING SYSTEM (DCIPS) FORM (RETIRED U.S. MARINES ONLY)	Date:

PRIVACY ACT STATEMENT

AUTHORITY, the information contained on this form is maintained under the systems of records notice MMN00010 (Personnel Services Working Files), 10 U.S.C. 1071-1087 and E.O. 11016, published February 22, 1993, 58 FR 10630. The information contained within is **FOR OFFICIAL USE ONLY** and may not be disclosed without the consent of the record subject, except under routine use. **PURPOSE** of this information is to provide a record for the use in the administration of programs concerning the personal welfare of Marines and their families. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b)of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as **ROUTINE USE** pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE MANDATORY**

INSTRUCTIONS:

Please fill out and submit required information below of Deceased Marine. In addition to standard reporting procedures, the Adjutant Office, MCB Hawaii is required to submit casualty reports via DCIPS.

1. **Personal Casualty Information:**

Name Of Deceased (Last Name, First Name, MI)

2. **Casualty Category (Illness, Accident, Homicide, Undetermined, Etc.):**

a. Cause Of Death (Stroke, Heart Attack, Etc.):	**b. Date Of Death**	**c. Time Of Death**

3. **Place Of Death (City, State, Country)**	4. **Death In Medical Treatment Facility? (Yes Or No)**

Point Of Contact Information

Adjutant Office

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