

NOTIFICATION OF HOSPITALIZATION

DATE: _____ TIME: _____

NAME OF HOSPITALIZED: _____

IS THIS INDIVIDUAL A CHAPLAIN/ENLISTED/CIVILIAN (CIRCLE ONE)

RANK: _____ BASE OF ASSIGNMENT: _____

NEXT OF KIN/RELATIONSHIP: _____

IS THIS PERSON A RELATIVE OF CHAPLAIN/ENLISTED/CIVILIAN (CIRCLE ONE)

NAME AND RANK OF AF MEMBER: _____

RELATIONSHIP OF HOSPITALIZED: _____

BASE OF ASSIGNMENT: _____

ADDRESS AND TELEPHONE NUMBER WHERE CHAPLAIN SERVICE MEMBER OR NEXT OF KIN CAN BE REACHED: _____

HOME ADDRESS FOR **MEMBER** HOSPITALIZED: _____

CIRCUMSTANCES OF HOSPITALIZATION:

CHAPLAIN SERVICE MEMBER'S HOME ADDRESS AND PHONE NO: _____

HOSPITAL: _____
Name Street City State Zip

TELEPHONE NO: _____ ROOM NO: _____

NAME AND PHONE NO. OF PERSON COMPLETING THIS FORM: _____

NOTE: Updates on hospitalizations and surgeries are required to HQ USAF/HC in a timely manner.

NOTIFICATION OF DEATH

DATE: _____ TIME: _____

NAME OF DECEASED: _____

IS DECEASED A CHAPLAIN/ENLISTED/CIVILIAN EMPLOYEE (CIRCLE ONE)

RANK: _____ BASE OF ASSIGNMENT: _____

NEXT OF KIN/RELATIONSHIP: _____

IS DECEASED A RELATIVE OF CHAPLAIN/ENLISTED/CIVILIAN (CIRCLE ONE)

NAME AND RANK OF AF MEMBER: _____

RELATIONSHIP TO DECEASED: _____

BASE OF ASSIGNMENT: _____

ADDRESS AND TELEPHONE NUMBER WHERE CHAPLAIN SERVICE MEMBER OR
NEXT OF KIN CAN BE REACHED: _____

NAME, HOME ADDRESS, TELEPHONE NUMBER OF CHAPLAIN SERVICE MEMBER
OR NEXT OF KIN: _____

CIRCUMSTANCES OF DEATH: _____

FUNERAL/MEMORIAL SERVICE:

DATE: _____ TIME: _____

LOCATION: _____
Place Street City State Zip

TELEPHONE NO: _____

FUNERAL HOME: _____
Name Street City State Zip

TELEPHONE NO: _____

NAME/PHONE NO. OF PERSON COMPLETING THIS FORM: _____