



TAPS Report

NAME OF DECEASED: _____

DATE OF DEATH: _____ **AGE:** _____

POST: _____ **LOCATION:** _____

MILITARY ORDER OF THE COOTIES: YES NO

PUP TENT: _____ **GRAND OF:** _____

BRANCH OF SERVICE:

USA USMC USN USAF USCG USSF

WWI WWII KOREA VIETNAM GULF OTHER

Once you have completed this form, send to the Department Chaplain at chapdpa@vfwpacific.org Your District Chaplin and also have your post quartermaster report it to National.