



**DEPARTMENT OF PACIFIC AREAS
TAPS REPORT**

DATE OF REPORT: _____

NAME OF DECEASED: _____

POST# AND LOCATION: _____

POST OFFICE HELD: _____

PUP TENT # (IF MOC): _____

COOTIE #: _____

DATE/LOCATION OF INTERNMENT: _____

DATE OF DEATH: _____

CAUSE OF DEATH: _____

SURVIVED BY: _____

AGE OF DECEASED: _____

REMARKS:

BRANCH OF SERVICE: _____

ERA OF SERVICE: _____

DATES OF SERVICE: _____

RETIRED/HIGHEST RANK HELD: _____

REPORTED BY: _____