Form #LF-A-02

LIGHT FOOT Militia Disposition Record

updated: 15Aug2011

NAME (Last, First, Middl	(e) :			
Date of Birth (MM/DD/YYYY):		Unit :		
PERSONAL INFORMATION	- Religious Preferen	ce (Check One):		
Christian Muslim _	Buddhist	Jewish	Agnostic	Atheist
Other (Specify)				
In the event of my death in M to me by a Chaplain.	ilitia service, IDO /	DO NOT (circle o	ne) want the last ri	tes of my faith giver
I have a living will : I	have a last will and	testament :	_	
Militia Leadership should cor militia service:	ntact my Spouse and	d Next of Kin sho	ould any of the follo	owing occur during
I am wounded I be	ecome gravely ill	I become dece	ased	
I become missing I be	come captured	_		
In the event of my death in M my equipment and immediate and/or next of kin. Yes / No (possessions and r			
(If "Yes", please choose A or B)				
A: Allow my squad/unit to split	up my gear/possessio	ons	(yes/no)	
B: Send them to:				
BENEFICIARY Name (First, Middle, Last) :				
Street Address: City: Telephone: ()	State	/ Province :	Apt / Unit : Postal Code	•
Telephone : ()		ounty:		•
l, the undersigned knowledge.	l, do hereby certi	ify that the abo	ove is true to th	e best of my
Militiaman's Signature :			Date	:
Witnessing Officer's Sig	nature :		Date :	