

**NORTH IDAHO MILITIA
Disposition Record**

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NAME (Last, First, Middle) : _____

Date of Birth (MM/DD/YYYY): _____ **Unit :** _____

PERSONAL INFORMATION - Religious Preference (Check One):

Christian _____ Buddhist _____ Jewish _____ Agnostic _____ Atheist _____ Muslim _____

Other (Specify) _____

In the event of my death in Militia service, I DO / DO NOT (circle one) want the last rites of my faith given to me by a Chaplain.

I have a living will : _____ **I have a last will and testament :** _____

Militia Leadership should contact my Spouse and Next of Kin should any of the following occur during militia service:

I am wounded _____ I become gravely ill _____ I become deceased _____

I become missing _____ I become captured _____

In the event of my death in Militia service, and in the absence of a last will and testament, I want my equipment and immediate possessions and moneys given to someone other than my spouse and/or next of kin. Yes / No (circle one)

(If "Yes", please choose A or B)

A: Allow my squad/unit to split up my gear/possessions. _____ (yes/no)

B: Send them to:

BENEFICIARY

Name (First, Middle, Last) : _____

Street Address: _____ Apt / Unit : _____

City : _____ State / Province : _____ Postal Code : _____

Telephone : (_____) _____ - _____ County : _____

I, the undersigned, do hereby certify that the above is true to the best of my knowledge.

Militiaman's Signature : _____ **Date :** _____

Witnessing Officer's Signature : _____ **Date :** _____