

OASIS Group Pre Separation Checklist

APPOINTMENT DATE/TIME _____ WITH _____

Bring the below listed documents to your appointment -

- ___ Bring 1 complete copy of your medical records (legible, 1 sided copies if possible)
- ___ 1 complete copy of civilian medical records (if applicable)
- ___ If there is facial trauma or injury bring 1 copy of complete dental records
- ___ Marriage License (copy) or date/location of current marriage
- ___ Spouse Social Security Number and Date of Birth
- ___ Divorce Decrees for Service Member and current spouse (copy) or the following info.

For all previous marriages:

When and where were you married?

Who were you married to?

When did marriage end?

Where did marriage end? (City, State)

- ___ Adoption/Guardianship paperwork for children (copy)
- ___ Dependent Children Date, Location of Birth and Social Security Number
- ___ **Prior service** DD 214's (original or certified copy)
- ___ Address and phone # for next of kin
- ___ Address of where you will live after separation (P.O. Box is ok)
- ___ Bank account and routing number (for direct deposit)

(ARMY ONLY) Retiree Additional Data

- ___ Army Part 1 Physical (copy)

National Guard and Activated Reserve Additional Data

- ___ All Title 10/32 orders (copy)



HELP US...HELP THEM

501 (c) (3) Veterans Service Organization (VSO)