

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)