INDIVIDUAL MOBILIZATION PACKET

NAME_____ SSN_____ UNIT_____

****REVIEWS WILL BE COMPLETED ANNUALLY****

(Forms w/asterisks go to Gaining Command)

FORMDEPS REQUIRED FORMS	Check Box for All	LOCATION
INPROCESSING		
*Copy of DA FORM 2-1 (NG Officer & Enlisted)	☐	MPRJ/DA FORM 201
*Copy of Individual PQR	☐	MPRJ/DA FORM 201
*Copy of DD FORM 93 (Emergency Data Record)	☐	MPRJ/DA FORM 201
*Copy of VA FORM 29-8286 (SGLI Election Form)	☐	MPRJ/DA FORM 201
MEDICAL		
Copy of Last Physical Exam	☐	Medical Records
*Copy of SF 601 (Shot Record)	☐	Medical Records
*PHS 731 International Certificates of Vaccination	☐	Medical Records
*Copy of DA FORM 3349 (Physical Profile)	☐	Medical Records
*Copy of DA FORM 8007	☐	
FINANCE		
DA FORM 3685 (JSS-AC Pay Election)	☐	
SF 1199A (Sure Pay)	☐	
DD FORM 2558 (Allotment)	☐	
DD FORM 1561 (Separation Allowance)	☐	
DD FORM 5960 (BAQ) or DD FORM 137(BAQ)	☐	
OTHER		
TD FORM IRSW-4 (Tax Withholding)	☐	
Copy of Marriage Certificate (w/raised seal or cdrs signature)	☐	
Copy of Dependents Birth Certificates (w/visible seal or cdrs signature)	☐	
Copy of lease/rental contract or mortgage financing document & property tax	☐	

DATE REVIEWED: Drop Down Box

REVIEWERS' INITIALS:_____

NOTES : (1) Files w/out location will be placed in mob packet w/nonperishable information filled in.
(2) See SDNG Form 48A for additional mob packet requirements.

24 Sept 93 SDNG FORM 48 (~~28 Sep 93~~) Previous Editions are Obsolete and Will Not be Used

INDIVIDUAL MOBILIZATION PACKET

Additional Items

(Forms w/Asterisks are Located in MPRJ/201 File and go to Gaining Command)

REQUIRED SUPPORTING DOCUMENTS/MATERIELS	Check Box Select all
DA FORM 3955 (Change of Address Card - 4 Cards)	
Copy of NGB FORM 23A (RPAS) Located in MPRJ	
SDNG FORM 27-2-R (Premob Legal Counseling Record)	
*Copy of DA FORM 5305-R (Family Care Plan) w/POA	
Medical Warning Tags (As Required & Copy of DA FORM 3365 Auth. for Medical Warning Tags)	
ID Tags & Copy of DA FORM 4187 Personnel Action	
Copy of Adoption Records	
Copy of Divorce Decree	
Copy of Child Support Agreement	
Copy of Separation Decree	
Copy of Property Settlement Agreement	
Credential File (Medical Personnel)	

OPTIONAL SUPPORTING DOCUMENTS	Check Box Be able to Select All
Checking Account Numbers	
Allotment Addresses w/Routing Numbers	
Copy of Student Loan Promissory Note(s)	
Copy of Dependent(s) Social Security Card(s)	
Savings Account Numbers	
Copies of Power(s) of Attorney	

DATE REVIEWED: Drop Down Box

REVIEWERS' INITIALS:_____

SDNG FORM 48A [redacted] Previous Editions are Obsolete and Will Not be Used
24 Sept 93