

RECORD OF PREPARATION AND DISPOSITION OF REMAINS
(Within CONUS)

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The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0231). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 1.

1. TO (Recipients and address authorized distribution)	2. NAME OF AUTHORITY ARRANGING PREPARATION
	3. RECEIVING FUNERAL HOME
	a. NAME
	b. ADDRESS (Street, City, State and ZIP Code)

4. REMAINS OF			
a. NAME (Last, First, Middle Initial)	b. GRADE/RANK	c. SSN	d. BRANCH OF SERVICE
e. ORGANIZATION	f. NAME OF PERSON DIRECTING DISPOSITION OF REMAINS	g. ADDRESS OF PERSON DIRECTING DISPOSITION	
h. RELATIONSHIP OF PERSON DIRECTING DISPOSITION	i. DATE OF DEATH (YYYYMMDD)	j. HOUR OF DEATH	
k. CAUSE OF DEATH	l. PLACE OF DEATH		

MORTUARY DATA

5a. REMAINS RECEIVED AT MORTUARY		b. EMBALMING STARTED		c. EMBALMING COMPLETED	
(1) DATE (YYYYMMDD)	(2) HOUR	(1) DATE (YYYYMMDD)	(2) HOUR	(1) DATE (YYYYMMDD)	(2) HOUR
d. TYPE OF CASE				e. RECOMMEND FAMILY BE ALLOWED TO VIEW REMAINS (X one)	
<input type="checkbox"/> NOT AUTOPSIED	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> NON-VIEWABLE	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> AUTOPSIED	<input type="checkbox"/> VIEWABLE	<input type="checkbox"/> VIEWING QUESTIONABLE			
f. ARTERIES INJECTED	R L	g. VEINS DRAINED	R L	h. FLUID DILUTIONS	
(1) CAROTID		(1) JUGULAR		(1) INDEX OF CONCENTRATED ARTERIAL FLUID	
(2) SUBCLAVIAN		(2) AXILLARY		(2) INDEX OF CONCENTRATED CAVITY FLUID	
(3) AXILLARY		(3) ILIAC		(3) PREINJECTION FLUID	Oz. Gal.
(4) BRACHIAL		(4) FEMORAL		(4) 1ST INJECTION	Oz. Gal.
i. HARDENING COMPOUND USED (Lbs.)	j. DRAINAGE		(5) 2ND INJECTION Oz. Gal.		
	<input type="checkbox"/> CONTINUOUS	<input type="checkbox"/> RESTRICTED	(6) 3RD INJECTION Oz. Gal.		
	<input type="checkbox"/> INTERMITTENT		(7) 4TH INJECTION Oz. Gal.		
6. AREAS HYPODERMICALLY EMBALMED				k. TOTAL CONCENTRATED FLUID USED (Oz.)	
				(1) ARTERIAL	(4) HUMECTANT
7. PARTS RECEIVING POOR CIRCULATION AND HOW TREATED				(2) CAVITY	(5) OTHER
				(3) PREINJECTION	

8. RESTORATION TREATMENT (Describe, state reason if features not restored)
9. EXPLAIN ANY DELAY IN RECOVERY, AUTOPSY, PREPARATION, INSPECTION OR SHIPMENT OF REMAINS

EXPENSE DATA

10a. EXPENSE AT PLACE OF DEATH: PREPARATION SERVICE OBTAINED BY (X one)			
<input type="checkbox"/> ANNUAL CONTRACT	<input type="checkbox"/> ONE-TIME CONTRACT		
(1) RECOVERY OF REMAINS	\$	(7) TRANSPORTATION OF REMAINS	
(2) METAL CASKET	\$	(a) SHIPPING CONTAINER	\$
<input type="checkbox"/> STANDARD (To include preparation of remains, hearse and related services)		(b) AIR	\$
<input type="checkbox"/> OVERSIZED		(c) HEARSE	\$
(3) NAME OF CASKET MANUFACTURER		(d) RAIL	\$
(4) CLOTHING	\$	(8) TRANSPORTATION OF ESCORT	
(5) FLAG	\$	(a) AIR	\$
(6) CREMATION	\$	(b) RAIL	\$
		(c) BUS	\$
		(d) PER DIEM	\$
		(9) COMPLETE TOTAL	\$

10b. INTERMENT EXPENSES					
(1) AMOUNT PAID		(2) PAYEE			
(3) DATE OF PAYMENT (YYYYMMDD)		(4) VOUCHER NUMBER	(5) CHECK NUMBER		
11. IF OVERSIZED CASKET IS USED, INDICATE REASON(S)					
12. PREPARING EMBALMER					
a. REMARKS					
b. TYPED NAME		b. SIGNATURE	c. LICENSE NUMBER		
d. STATE					
13. CONTRACTOR CERTIFICATION					
I certify that the supplies and services furnished meet the terms and specifications of the contract, and the remains and supplies should be in a satisfactory condition at final destination.					
a. TYPED NAME		b. ADDRESS	c. SIGNATURE		
d. DATE SIGNED					
14. INSPECTION DATA <i>(Remains, Casket and Shipping Container)</i>			YES	NO	N/A
a. REMAINS <i>(To be completed before remains are clothed)</i>					
(1) Remains bathed to present a clean appearance					
(2) Face shaven; moustache, if any, and hairs protruding from nose and ears trimmed					
(3) Facial features and hands arranged to present a natural appearance					
(4) Fingernails clean and trimmed					
(5) Abrasions, wounds and incisions sealed to prevent drainage and leakage <i>(Embalmer Initial)</i>					
(6) Remains adequately preserved and disinfected <i>(Embalmer Initial)</i>					
b. REMAINS <i>(To be completed during clothing and after casketing remains)</i>					
(1) Identification tags with remains					
(2) Cosmetics applied to present a natural appearance of hands and face					
(3) Eyelashes, eyebrows and hair free of cosmetics					
(4) Hair styled <i>(for female personnel)</i>					
(5) Restorative work appears natural					
(6) Proper underclothing placed on remains					
(7) Entire uniform clean, pressed and satisfactory in appearance and fit					
(8) Epaulet ends under collar, tie in place, buttons and belt properly fastened and decorations correctly placed					
(9) Remains present an appearance of repose in casket					
(10) Clearance between head and end of casket adequate					
(11) Non-viewable remains properly wrapped and secured in position					
(12) Uniform placed over non-viewable wrapped remains					
c. CASKET					
(1) Casket meets specifications					
(2) Interior and exterior of casket are clean and unmarred					
(3) Casket properly closed and/or sealed					
d. SHIPPING CONTAINER					
15. DATE SHIPPED TO CONSIGNEE <i>(YYYYMMDD)</i>		16. DEPARTMENT REPRESENTATIVE			
		a. I certify that the remains were inspected after embalming and/or reprocessing; and			
		b. after remains were clothed and placed in the casket.			
c. REMARKS					
d. TYPED NAME		e. GRADE	f. SIGNATURE		g. DATE SIGNED
h. INSTALLATION					