

**DISPOSITION OF REMAINS ELECTION STATEMENT
NOTIFICATION OF SUBSEQUENTLY IDENTIFIED PARTIAL REMAINS**

OMB No.
OMB approval expires

The public reporting burden for this collection of information is estimated to average 15 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, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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 RETURN THIS FORM TO ODASD MC&FP; ATTN: CASUALTY; 4000 DEFENSE PENTAGON; WASHINGTON, DC 20301-4000.

PRIVACY ADVISORY

With this form the Department of Defense asks you to document your decisions about the remains of your Service Member. This process includes providing your name and contact information as well as your relationship to the service member. This collection is authorized by 10 U.S.C. 1481 through 1488, and this form will be filed in the Defense Casualty Information Processing System (DCIPS) as part of the service members Individual Deceased Personnel File (IDPF), covered by following Department of the Army System of Record Notice:

(<https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahrc-dod/>).

Completing this form is voluntary. However, without completing the form, your choices regarding your service member may not be documented or complied with.

| | | |
|--|-------------------------------------|---|
| 1. NAME OF DECEASED (Last, First, Middle Initial) | 2. SERVICE/GRADE OF DECEASED | 3. DCIPS CASE NUMBER |
| 4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) | | |
| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP TO DECEASED | c. TELEPHONE NUMBER (Include Area Code) |

d. CURRENT RESIDENCE ADDRESS (Street, Apartment Number, City, State and ZIP Code)

N E E D S D D 6 7

5. SELECTION OF DISPOSITION OPTIONS

I, the undersigned, understand that partial additional remains have been recovered and individually identified for the decedent listed above. I hereby direct and authorize that the additional remains be: (Select one option below)

| | |
|--|---|
| OPTION 1 _____ (Initials) | Transferred for interment in a suitable burial container above the original casket to: Funeral Home - Name and Address: |
| OPTION 2 _____ (Initials) | Transferred to the funeral home below for subsequent cremation at Government expense, arranged by the person with legal authority at the final destination. Urn Choice: <input type="checkbox"/> Solid Bronze <input type="checkbox"/> Solid Walnut Funeral Home - Name and Address: |
| OPTION 3 _____ (Initials) | Cremated, placed in a <input type="checkbox"/> Solid Bronze <input type="checkbox"/> Solid Walnut urn and delivered to: Name and Address: |
| OPTION 4 _____ (Initials) | In the event that additional remains are individually identified, I authorize the Army, Marine Corps, Navy, Air Force or Coast Guard to make appropriate disposition. Appropriate disposition is accomplished by the portions of remains being cremated. The cremated remains will then be placed in a Sea Salt Urn and the Sea Salt Urn will be taken out to sea on a U.S. Navy or U.S. Coast Guard vessel where the urn will be placed into the ocean. The urn will dissolve resulting in the cremated remains being released at sea. This process is referred to as Retirement at Sea. |
| OPTION 5 _____ (Initials) | Retained by the Armed Forces Medical Examiner System for teaching and research purposes with final disposition as a medical specimen. |

6. IN THE EVENT THAT FURTHER SUBSEQUENT REMAINS ARE IDENTIFIED BEYOND TODAY (Select Notify or Do Not Notify)

| | |
|---|--|
| NOTIFY _____ (Initials) | I would like to be notified and given the choice of accepting individual portions for disposition. |
| DO NOT NOTIFY _____ (Initials) | I DO NOT want to be notified. I authorize the parent Service to make appropriate disposition via retirement at sea. |

AUTHORIZATION AND SIGNATURES

| | | |
|--|--------------------------------|----------------|
| 7.a. SIGNATURE OF PADD | | b. DATE |
| 8.a. TYPED OR PRINTED NAME OF WITNESS | b. SIGNATURE OF WITNESS | c. DATE |