

DISPOSITION OF ORGANS RETAINED FOR EXTENDED EXAMINATION

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.d.defense.gov/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 <i>(Last, First, Middle Initial)</i>	2. SERVICE/GRADE OF DECEASED	3. DCIPS CASE NUMBER
4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER <i>(Include Area Code)</i>
d. CURRENT RESIDENCE ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>		

N E E D S D D 6 7

5. SELECTION OF DISPOSITION OPTIONS

I, the undersigned, understand that the *(Specify organ(s) retained)*

has/have been retained by the Armed Forces Medical Examiner System for the purpose of extended examination to determine the cause and manner of death. This extended examination may take up to six months.

The Armed Forces Medical Examiner System understands that the retention of organs can be a troubling and confusing issue. Please contact us at (302) 346-8648 at any time, day or night, if you have any questions regarding this extended examination or this form. After the examination is complete, you will receive a follow-up letter from the Armed Forces Medical Examiner System confirming your selection of disposition of the retained organ(s).

Upon completion of the extended examination, I elect the following option by placing my initials next to the option of my choice:

_____ Do not notify me. I authorize the Armed Forces Medical Examiner System to make proper disposition as a medical specimen.
(Initials)

_____ Notify me when examination is complete and give me the opportunity to decide the disposition of the above-mentioned retained organ(s). *(Requires the completion of DD Form X636, "Notification of Subsequently Identified Partial Remains".)*
(Initials)

**CONTACT TELEPHONE: (302) 346-8648 - ARMED FORCES MEDICAL EXAMINER Main Office
24 hours a day, 7 days a week**

AUTHORIZATION AND SIGNATURES

6.a. SIGNATURE OF PADD		b. DATE
7.a. TYPED OR PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS	c. DATE