

STATEMENT OF DISPOSITION OF MILITARY REMAINS <i>(Read Agency Disclosure Notice, Privacy Advisory, and Instructions on Page 2 before completing this form.)</i>		OMB No. OMB approval expires
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 Person Authorized to Direct Disposition (PADD), have been provided a MORTUARY BRIEFING and I understand each of the options presented and have selected disposition of remains as indicated below. I understand that the embalming/preparation, restoration, and casketing of remains, under Options 1 - 4 , may be provided by a civilian funeral home, under contract with the DoD, or a Mortuary operated by the Department of the Army, Navy, or Air Force.		
OPTION 1 <i>(Initials)</i>	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6 , with subsequent interment/entombment in the CIVILIAN CEMETERY listed in Block 7 . I understand the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ _____. In addition to this maximum reimbursement, the Government will pay all remains transportation expenses.	
OPTION 2 <i>(Initials)</i>	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6 , with subsequent interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7 . I understand that the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ _____. In addition to this maximum reimbursement, the Military will pay all remains transportation expenses.	
OPTION 3 <i>(Initials)</i>	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense with direct consignment for interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7 . I understand that the reimbursement for expenses incurred at the funeral home, cemetery, for the transportation of remains, and other authorized expenses cannot exceed \$ _____.	
OPTION 4 <i>(Initials)</i>	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in a WOOD CREMATION CASKET , with CREMATION to be arranged by the receiving FUNERAL HOME , listed in Block 6 , in accordance with all applicable statutory provisions. The Military will provide the urn selected in Block 9 and arrange transportation of the casket and escort at Government expense. I understand that the reimbursement for expenses incurred at the funeral home and cemetery and other authorized expenses cannot exceed Option 1 or Option 2 (depending on the method of disposition of the urn) \$ _____. In addition to this maximum reimbursement, the Government will reimburse the cremation expenses.	
OPTION 5 <i>(Initials)</i>	I desire to MAKE ALL ARRANGEMENTS for the disposition of remains. If the remains are under the control of the DoD, I direct the remains be released to the funeral home listed in Block 6 . Reimbursement for expenses associated with the disposition of the remains may not exceed the reimbursement entitlements listed in (A) or (B) , as applicable. If the remains are cremated and retained, the reimbursement will not exceed that of (A) below. Additionally, the Government will reimburse all remains transportation expenses. Refer to the instruction page of this form for support provided by the Military Service when choosing this option. (A) \$ _____ for interment/entombment in a CIVILIAN CEMETERY . (B) \$ _____ for interment in a GOVERNMENT CEMETERY (Federal/State) .	
OPTION 6 <i>(Initials)</i>	I HEREBY RELINQUISH MY RIGHTS to all decisions regarding the disposition of the remains and understand that the right to direct disposition of the remains will pass to the next person in hierarchy by marriage, blood relation, or adoption and whose name is listed below. I also certify that I have the legal right to make this authorization and release the DoD, its officers, agents, and employees from any and all liability that may arise from this action. I further authorize the named individual to apply for reimbursement of the authorized reimbursable funeral expenses, up to the allowable limit, incurred in the disposition of these remains. By law, the new PADD to whom the authority to direct disposition passes is <i>(Name/relationship):</i> _____	
6. RECEIVING FUNERAL HOME <i>(Name, Address (include ZIP Code) and Telephone Number (Include Area Code))</i>		7. CEMETERY <i>(or where final disposition of remains is to be effected) (Name, Address (include ZIP Code) and Telephone Number (Include Area Code))</i>
8. CASKET SELECTION <i>(Not applicable to Options 4 or 5)</i>	9. URN SELECTION <i>(Applicable to Option 4)</i>	10. I DESIRE MILITARY FUNERAL HONORS:
<input type="checkbox"/> 18-GA Steel with Silver Tone Finish <input type="checkbox"/> Solid Hardwood with Walnut Finish	<input type="checkbox"/> Solid Bronze <input type="checkbox"/> Solid Walnut	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.a. TYPED OR PRINTED NAME OF PADD	b. SIGNATURE OF PADD	c. DATE
12.a. TYPED OR PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS	c. DATE

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AGENCY DISCLOSURE NOTICE

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.

INSTRUCTIONS

The Statement of Disposition of Remains form is a written declaration from the Person Authorized to Direct Disposition (PADD) as to their intent, wishes, and directions for the Service to ensure the expeditious embalming/preparation, restoration and return of the remains of an active duty member.

NEEDS

This form is to be presented to the PADD when discussing Mortuary Entitlements by the Casualty Assistance Officer, Casualty Assistance Calls Officer or Mortuary Officer during the Mortuary Briefing.

The PADD designated on the DD Form 93, Record of Emergency Data, must elect an option from **Options 1 - 6** by initialing the space under the option number and provide information required in **Blocks 6 - 10**.

There are three purposes of embalming; an explanation of each is listed below. Combined, the intent is to facilitate a family's ability to view their loved one, should the circumstances of death allow.

- (1) Disinfection - destruction or inhibition of pathogenic organisms and their products in or on the body.
- (2) Preservation - the science or treatment of the body chemically to temporarily inhibit decomposition during the interval between death and final disposition by burial, cremation, entombment or other means.
- (3) Restoration - the care given the deceased to recreate natural form and color.

During the embalming/preparation process, the embalmer may utilize some or all of the following techniques: physical disinfection of the remains; arterial and surface embalming; treatment and closure of wounds/incisions; dressing and wrapping of wounds; dermasurgery or physical restorative measures such as artificial reproduction of facial features in an attempt to recreate natural form and color, and applying cosmetics.

Depending on circumstances, restoring the remains to an acceptable physical appearance may not be possible. The PADD will be advised when the deceased cannot be restored to a viewable condition. There are two classifications of restorative art: minor and major.

Minor restorations include, but are not limited to, correction a misaligned fracture, hypodermic tissue building, reduction of swelling, sub-tissue surgery (mouth or eye), waxing (lips, abrasions, sutures or razor burns), suturing clean cuts, small hair replacements (eyebrow, eyelash, or temporal hair), bleaching and concealing minor discolorations or removal and restoration of fever sores (scabs). Consent from the PADD is granted by signing **Block 11.b** of this form.

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INSTRUCTIONS *(Continued)*

Major restorations include, but are not limited to, the restoration of a full head of hair, sub-tissue surgery of a swollen neck, problems with buck-teeth, deep wound preparation (after excision of necrotic, mutilated or diseased tissue), care of deep lacerations, repair (or reconstruction) of multiple fractures, third-degree burns, skin slip, dismemberment of a limb (or head), and complete loss of a part. Technical skill is required to artificially construct a distorted portion of the face or cranium, wax surfacing over a large wound (cheek, forehead, or neck), modeling a facial feature, achieving a natural appearance when masking a completely discolored face (or large post-mortem stain) with opaque cosmetics or matching wax with the complexion. Consent from the PADD is granted by signing **Block 11.b** of this form.

By selecting **Options 1 - 4** and signing **Block 11.b**, the PADD hereby authorizes the Department of Defense and its personnel to undertake, or direct a funeral home under contract with the Military to undertake the remains preparation process and restorative procedures, deemed necessary in the embalmers professional practice, to provide the greatest opportunity for a viewing, should the family elect to view the deceased.

In all cases where the PADD elects **Option 1 - 4**, the Military will utilize the standards of the DoD Mortuary Performance Work Statement as the minimum standards in the embalming/preparation/restoration of the deceased remains. If the PADD expresses a desire to not have the deceased embalmed/prepared, the Military will honor this request and advise the PADD of the support available for funeral services held under **Option 5**.

When the PADD selects **Option 4** (Cremation): The Department of Defense will honor a PADD's request for cremation by preparing or directing the contract funeral home to prepare the remains in accordance with the statutory provisions of that destination. Additionally, the Department of Defense will provide a Military Specification Urn as selected in **Block 9**. The Department of Defense will reimburse the cost of the cremation above and beyond the maximum reimbursement entitlement.

When the PADD requests to make all the arrangements for disposition, outside the Military, or when he/she requests services or merchandise beyond that which the Military can provide within DoD standards, **Option 5** must be selected. **Option 5** must also be selected if the deceased has already been moved to the PADD's selected funeral home and embalmed/prepared, and the PADD does not wish the Military to engage on his/her behalf, for re-processing of the remains through the installation contract mortuary. The Mortuary Officer should explain the support in providing a uniform, coordinating interment in a governmental cemetery, and military funeral honors, as requested by the PADD. The Mortuary Officer should never require and express there is a requirement for remains inspection under **Option 5**.

When the PADD, designated on the deceased member's DD Form 93, "Record of Emergency Data", does not wish to fulfill the designated responsibilities of a PADD and therefore requests to relinquish the right to make any decisions regarding the disposition of the remains of the deceased whose information is listed in **Blocks 1 - 3**, the PADD must select **Option 6**. The PADD will pass to the next person in hierarchy by marriage, blood relation or adoption (i.e., spouse, child, parent, brother or sister, etc.) according to Law. The person recognized to fulfill the PADD responsibilities will complete a new Statement of Disposition of Remains. Both forms must be included in the deceased Mortuary Case File.

Questions regarding this form may be directed to Service Casualty or Mortuary Affairs Office.