



REQUEST FOR DISINTERMENT

PRIVACY ACT NOTICE: The information requested is required to authorize disinterment of remains from a national cemetery under Chapter 24, Title 38, United States Code. The information may be disclosed outside VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974. The disinterment will not be permitted unless the data or a court order is submitted.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average ten 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. This form, when completed in accordance with VA disinterment regulations, will permit VA to authorize disinterment. This form is approved under OMB No. 2900-0365. VA may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. **SEND COMMENTS ONLY.** Please do not send applications for benefits to this address.

TO:

I hereby request authority for the disinterment of the remains of my

_____, _____
(Relationship of deceased) (Name and rank of deceased)

from the _____ National Cemetery, I understand that the expenses of the disinterment cannot be borne by the Government.

This disinterment is requested for the following reason:

On Page 2 of this form is (are) affidavit(s) from the individual who initiated the interment (must be included even if not a family member of the immediate family) and all living immediate family members. If the individual who initiated the interment does not consent or is not alive to provide consent, or all living immediate family members are not in agreement with the disinterment, the individual(s) seeking disinterment of an eligible decedent must obtain a court order or State instrumentality of competent jurisdiction to direct the disinterment.

I hereby certify that the individuals shown on Page 2 of this form constitute the individual who initiated the interment (even if not a member of the immediate family) and all living immediate family members of the deceased as follows: Surviving spouse (whether or not remarried), all adult children of the decedent, appointed guardian(s) of minor children, the appointed guardian of the surviving spouse or of the adult child(ren) of the decedent. In the absence of a surviving spouse and children, the decedent's parents will be considered "immediate family members."

PENALTY: If a person provides a false certification of VA Form 40-4970, he or she could be subject to penalties, which include fine or imprisonment, or both. VA will consider and review such situations on a case-by-case basis before determining whether action, such as referral to law enforcement authorities, is warranted.

Witness my signature this _____ day of _____, 20 ____

(Signature)

Sworn to and subscribed before me this _____ day of _____, 20 ____

[SEAL] _____
(Notary Public)

My commission expires _____



DISINTERMENT AFFIDAVIT

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TO WHOM IT MAY CONCERN:

I (we) the undersigned hereby signify my (our) agreement to the disinterment of the remains of

_____ from the _____
_____ National Cemetery.

SIGNATURE (Ink signature)

**RELATIONSHIP
TO DECEASED**

ADDRESS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sworn to and subscribed before me this _____ day of _____, 20 ____

[SEAL]

(Notary Public)

My commission expires _____