

NOTIFICATION AND DISPOSITION ELECTION OF ORGANS RETAINED FOR FORENSIC EXAMINATION

OMB No. 0704-0581
OMB approval expires
20250331

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 acknowledge notification of the organ(s) retained for forensic examination. This process includes providing your name and contact information, as well as your legal relationship to the decedent. This collection is authorized by Title 10 United States Code Sections 1471 and 1481-1488. This form will be filed in the Defense Casualty Information Processing System as part of the decedent's casualty record, covered by the following Department of the Army System of Record Notice: (<https://dpcid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahrc-dod/>).

Completing this form is voluntary; however, without completing this form, your choices regarding the decedent's retained organ(s) may not be documented or complied with.

1. NAME OF DECEASED <i>(Last, First, Middle Initial)</i>	2. DoD AFFILIATION	3. DCIPS CASE NUMBER

4. PERSON AUTHORIZED TO DIRECTION DISPOSITION (PADD) or PRIMARY NEXT OF KIN (PNOK)		
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER <i>(Include Area Code)</i>

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

5. NOTIFICATION OF RETAINED ORGAN(S)

a. I, the undersigned, notified the PADD or PNOK above the specified organ(s) in 5.b. are being retained by the Armed Forces Medical Examiner System for the purpose of forensic examination to determine the cause and manner of death.

b. SPECIFIED ORGAN(S):

c. NAME OF SERVICE REPRESENTATIVE	SIGNATURE OF SERVICE REPRESENTATIVE	DATE (YYYYMMDD)

d. I've been notified by the Service Representative above the specified organ(s) listed in 5.b. above was retained for the purpose of forensic examination to determine the cause and manner of death. I understand this examination may take an extended period of time. The Armed Forces Medical Examiner is available to discuss any issues and concerns and may be reached at (302) 346-8648.

e. NAME OF PADD OR PNOK	SIGNATURE OF PADD OR PNOK	DATE (YYYYMMDD)

AUTHORIZATION AND SIGNATURES

6. DISPOSITION OF RETAINED ORGAN(S)

Upon finalization of the forensic examination, I elect the following option by placing my initials beside the option of my choice. I understand the DoD will bear all usual and customary expenses associated with the disposition of the organs. I further understand the Department of Defense will not provide or cover the costs of an alternate burial place for a Service member or authorized family member, as a decedent is only authorized one burial location by the U.S. government. Exhumation of buried remains or a funeral or memorial service will not be covered by the Department of Defense, as disposition of organs is considered an administrative act.

_____ I authorize the Armed Forces Medical Examiner System to effect disposition as a medical Specimen (skip item 7.).

_____ I authorize disposition by placement in the Tomb of Remembrance at Arlington National Cemetery if eligible or by retirement at sea (skip item 7.).

_____ Notify me when finalization of the forensic examination is complete.

CUI (when filled in)

Request DoD cremate organ(s) at a DoD mortuary facility or DoD contracted facility and arrange transportation to the following funeral home for disposition: _____

Request DoD cremate organ(s) at a DoD mortuary facility or DoD contracted facility and arrange disposition to the original burial location at: _____

Request DoD prepare organ(s) and arrange transportation to the following funeral home for disposition (prepared organs are required by law to be interred or inurned): _____

Request DoD prepare organ(s) and arrange disposition to the original burial location at: _____

7. Please indicate your choice of urn below by initialing the option. An urn is used for both cremated or whole organ(s). If you select a temporary urn, you may purchase an urn of your choice and request reimbursement of no more than \$ _____ by submitting a DD Form 1375.

_____ solid bronze urn

_____ solid hardwood urn

_____ temporary urn

8.a. TYPED OR PRINTED NAME OF WITNESS

b. SIGNATURE OF WITNESS

c. DATE (YYYYMMDD)

NEEDS DD67