

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

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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:

[\(https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahr-dod/\)](https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahr-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>			
5. SELECTION OF DISPOSITION OPTIONS			
I, the undersigned, understand that every effort is being made for the full recovery of remains, but only partial remains have been recovered and identified at this time. I am aware that additional subsequent remains may be recovered at a later date and individually identified or designated for inclusion with a group. I elect the following options from the applicable sections below. NOTE: Always complete Sections I and II.			
SECTION I - ELECTION FOR CURRENTLY RECOVERED REMAINS			
OPTION 1 <i>(Initials)</i>	I would like to receive the identified incomplete remains at this time.		
OPTION 2 <i>(Initials)</i>	I would like to have the incomplete remains temporarily held until other substantial remains believed to be from the deceased are identified. I understand that this process can take up to a week or more.		
SECTION II - ELECTION FOR CURRENTLY RECOVERED REMAINS			
OPTION 1 <i>(Initials)</i>	In the event that additional remains are individually identified, I would like to be notified and given the choice of accepting subsequent portions for disposition.		
OPTION 2 <i>(Initials)</i>	In the event that additional remains are individually identified, I DO NOT want to be notified. I authorize the Army, Marine Corps, Navy, Air Force, Space Force or Coast Guard to make appropriate disposition.		
AUTHORIZATION AND SIGNATURES			
6.a. SIGNATURE OF PADD			b. DATE (YYYYMMDD)
7.a. TYPED OR PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS		c. DATE (YYYYMMDD)