DISPOSITION OF REMAINS - REIMBURSABLE BASIS

Form Approved
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The public reporting burden for this collection of information is estimated to average 20 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0030), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488; EO 9397.
PRINCIPAL PURPOSE: To record the sponsor's disposition instructions for the remains. To record cost for necessary services and supplies. To record the name, address and telephone number of a person in CONUS who may be contacted concerning the remains, if necessary.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to furnish the requested information may delay processing and shipment of remains to final destination.

1. TO: *(Recipients and address authorized distribution)*	**2. NAME OF DECEASED** *(Last, First, Middle Initial)*
	3. RELATIONSHIP TO SPONSOR
4. NAME OF SPONSOR *(Individual, Agency or Firm)*	**5. ADDRESS OF SPONSOR** *(Street, City, State and ZIP Code)*
6. GRADE OF SPONSOR / **7. SSN OF SPONSOR**	

I, THE UNDERSIGNED, DESIRE THAT DISPOSITION OF REMAINS BE EFFECTED AS INDICATED BELOW: *(X applicable option)*

8. OPTION 1	
a. Preparation of remains at the Government mortuary and return of remains to a continental United States port of entry in a transfer case. The port mortuary will furnish the requested services and supplies at a cost of $ _____ . I have reimbursed the Government in this amount. It is requested that the remains be shipped to the following funeral home:	
b. NAME OF FUNERAL HOME	**c. ADDRESS OF FUNERAL HOME** *(Street, City, State and ZIP Code)*
9. OPTION 2	
a. Preparation of remains at the Government mortuary and return of remains to a continental United States port of entry in a transfer case. The port mortuary officer is requested to release the remains to the following funeral home:	
b. NAME OF FUNERAL HOME	**c. ADDRESS OF FUNERAL HOME** *(Street, City, State and ZIP Code)*

X **10. OPTION 3 - ARRANGEMENTS DESIRED** *(Other than those described in Options 1 or 2)*

I desire that my Son/Daughter, _____, be cremated. I authorize the United States Army Memorial Affairs Activity- Europe, Landstuhl, Germany to act as my agent in arranging the cremation.
I certify that I have the legal right to make this authorization and agree that I will hold the United States Army Memorial Affairs Activity, my agent, harmless against any liability on account of cremation.
I also request that the inurned cremated remains be sent registered mail to:

11. RELATIVE OF DECEASED *(or other person)* **IN CONUS WHO MAY BE CONTACTED, IF NECESSARY**

a. NAME *(Last, First, Middle Initial)*	**b. ADDRESS** *(Street, City, State and ZIP Code)*
c. RELATIONSHIP / **d. TELEPHONE** *(Include Area Code)*	
e. DATE SIGNED	**f. SIGNATURE OF SPONSOR**