

| Statement of Disposition of Remains  |   |   |                      |
|--|---|---|----------------------|
| Current: 01APR07   |   |   |                      |
| 1. Name (Last, First, M.I. of Deceased)  |   | 2. Service/Grade  | 3. SSN (of deceased) |
| 4. Name of Person Authorized to Direct Disposition (PADD)  |   | 5. Relationship (to deceased)   | 6. Phone             |
| 7. Address of PADD (COMPLETE)  |   |   |                      |
| I, the undersigned, Person Authorized to Direct Disposition (PADD), have been provided a complete MORTUARY BRIEFING and I understand each of the options. I hereby authorize the release and disposition of remains to be affected as indicated: |   |   |                      |
| OPTION 1   | The Navy prepares, dresses, and caskets the remains as directed and <b>TRANSPORTS TO THE FUNERAL HOME</b> named below with subsequent <b>INTERMENT IN A CIVILIAN CEMETERY</b> . May be used in conjunction with <b>Option 4</b> .   |   |                      |
| INITIALS   | Interment expenses not to exceed <b>\$6,000 + transportation of remains</b>   |   |                      |
| OPTION 2   | The Navy prepares, dresses, and caskets the remains as directed and <b>TRANSPORTS TO THE FUNERAL HOME</b> named below with subsequent <b>INTERMENT IN A GOVERNMENT CEMETERY</b> . May be used in conjunction with <b>Option 4</b> .   |   |                      |
| INITIALS   | Interment expenses not to exceed <b>\$3,600 + transportation of remains</b>   |   |                      |
| OPTION 3   | The Navy prepares, dresses, and caskets the remains as directed and <b>TRANSPORTS DIRECTLY TO THE GOVERNMENT CEMETERY</b> named below.  |   |                      |
| INITIALS   | Interment expenses not to exceed <b>\$1,000 + transportation of remains</b>   |   |                      |
| OPTION 4   | I understand the utilization of the <b>WOOD CASKET</b> when cremation is desired. I request the Navy to arrange for the remains to be <b>CREMATED</b> . <b>***</b> , and the inurned cremated remains ( <b>cremains</b> ) be escorted by <b>MILITARY ESCORT</b> to:   |   |                      |
| INITIALS   | *** (See reverse side of this form for options for CREMATION)   |   |                      |
| OPTION 5   | I desire to <b>MAKE ALL ARRANGEMENTS</b> . Release remains to the funeral home below. Reimbursement for preparation, dressing, casketing, cremation and all other expenses associated with the interment of the remains, not to exceed:<br><br>(A) <input type="checkbox"/> <b>\$8,800</b> for a burial/entombment in a civilian cemetery plus transportation of the remains, or<br>(B) <input type="checkbox"/> <b>\$7,300</b> for interment in a VA or National Cemetery plus transportation of the remains.  |   |                      |
| INITIALS   | <b>NOTE:</b> Transportation charges of the remains shall not to exceed amount it would have cost the government to transport the remains.   |   |                      |
| OPTION 6   | I <b>HEREBY RELINQUISH MY RIGHTS</b> to the disposition of the remains of my _____. I understand that the right to direct disposition of the remains of _____, will pass to the person named below. I also certify that I have the legal right to make this authorization and release the U.S. Navy, 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 allowable expenses incurred in for disposition of these remains. <b>THE PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD):</b> |   |                      |
| INITIALS   |   |   |                      |
| 8. MY <b>CHOICE OF CASKET</b> IS: <input type="checkbox"/> METAL <input type="checkbox"/> WOOD   |   | 9. MY <b>CHOICE OF URN</b> IS: <input type="checkbox"/> METAL <input type="checkbox"/> WOOD |                      |
| 10. TYPED OR PRINTED NAME OF PADD  |   | 11. SIGNATURE OF PADD<br><br>Date:  |                      |
| 12. TYPED OR PRINTED NAME OF WITNESS   |   | 13. SIGNATURE OF WITNESS<br><br>Date:   |                      |

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 Navy Mortuary Affairs to ensure the expeditious preparation, and return of remains of their active duty Navy or Marine Corps member.

This form is to be presented to the PADD when discussing death/burial benefits – by either the Casualty Assistance Calls Officer (CACO) or by the Decedent Affairs Officer (DAO).

Fill in the selected block (1 through 6) completely.

The NOK/PADD must select one of the “Options” – Option 1 through 6 – and initial the space under the option number. Additional information regarding Options 1 through 6 is provided below:

**For Option 1 or 2**, write the name, address, city, state, zip code and phone number of the funeral home the remains will be shipped to or that will be handling the interment. In the space provided to the right of the option block. Also include the name of the cemetery and the city and state of its location.

**For Option 3**, write the name, address, city, state and zip code of the VA or National Cemetery where the interment will occur.

**For Option 4** (Cremation), when the PADD requests the Navy to make arrangements for cremation of the remains, advise the wood casket will be utilized. Cremation may be accomplished either prior to or following the funeral service. After cremation, the cremains (the term for cremated remains), will be placed in the urn selected by the PADD and hand carried by military escort to the designated location for the funeral service or interment.

**CREMATION NOTE: WHEN CREMATION IS DESIRED AT ANY POINT / OPTION, THE WOOD CASKET WILL BE UTILIZED. CREMATION PERMIT / AUTHORIZATION FOR CREMATION MUST BE SIGNED BY THE PADD FOR PRESENTATION TO THE CREMATORY, PRIOR TO THE CREMATION.**

**If the family selects Option 1 or Option 2 and would like to cremate the remains following the funeral service**, the cost of the cremation will be covered by the government under Primary Care Expenses. A standard military urn (wood or metal) may be provided to the PADD at no additional cost, or they may select an urn with an allowance of up to \$300, also covered under Primary Care Expenses. The inurned cremains may then be returned to the family or interred in the cemetery indicated in the option.

**If the family selects Option 1 or Option 2 and would like to cremate the remains prior to funeral service**, the cost of the cremation will be covered by the government under Primary Care Expenses. A standard military urn (wood or metal) may be provided to the PADD at no additional cost, or they may select an urn with an allowance of up to \$300, also covered under Primary Care Expenses. The inurned cremains may then be returned to the family or interred in the cemetery indicated in the option.

**For Option 5**, when the PADD desires to make all arrangements without the Navy’s assistance, the total amount of allowance for the casket, preparation, and interment of the remains is predicated on the choice of the cemetery indicated by the initial of the PADD in the space next to their choice. To obtain reimbursement for funeral expenses, the PADD must complete a DD-Form 1375 and submit original receipts to:

**Navy Mortuary Affairs, N135  
5720 Integrity Drive  
Millington, TN 38055  
Toll Free: 866-787-0081**

**For Option 6**, The PADD who relinquishes their right of disposition must initial the space below Option 6 and may relinquish to the next legal NOK (i.e. spouse relinquishing rights of disposition to parents of the deceased, etc.) and indicated by name in the space provided below the statement. A new Statement of Disposition of Remains form must be filled out with the new PADD’s information and selected Option. Both forms must be faxed to Navy Mortuary Affairs.

**Fax the completed form to Navy Mortuary Affairs located in Millington, TN at (901) 874-2003/6654.  
A Navy Mortician is available 24 hours a day.**

Questions regarding this form may be directed to Navy Mortuary Affairs at 1-866-787-0081.