

DISPOSITION OF REMAINS STATEMENT

For use of this form, see AR 638-2; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 USC, Sections 1481 through 1488; EO 9397.
PRINCIPAL PURPOSE: To record disposition of remains desired by the person authorized to direct disposition of remains (PADD).
ROUTINE USES: By Department of Army to enable PADD to apply for authorized benefits.
DISCLOSURE: Disclosure of requested information is voluntary; however, if not provided, benefits cannot be provided.

1. NAME OF DECEASED <i>(Last, First, Middle Initial)</i>	2. RANK OF DECEASED	3. DCIPS CASE NUMBER
4. NAME OF PADD		5. RELATIONSHIP TO DECEASED

6. DESIRED DISPOSITION OF REMAINS *(Check and initial appropriate option)*

OPTION 1 <input type="checkbox"/> _____ <i>(Initials)</i>	The remains be prepared, dressed, casketed and transported to the funeral home named below with subsequent interment in a civilian cemetery. NAME AND ADDRESS OF FUNERAL HOME AND, IF KNOWN, CIVILIAN CEMETERY: MY CHOICE OF CASKET IS: <i>(Select one)</i> <input type="checkbox"/> METAL <input type="checkbox"/> WOOD Reimbursement for interment expenses not to exceed \$ _____
OPTION 2 <input type="checkbox"/> _____ <i>(Initials)</i>	The remains be prepared, dressed, casketed and transported to the funeral home named below with subsequent interment in a Government cemetery. NAME AND ADDRESS OF FUNERAL HOME AND GOVERNMENT CEMETERY: MY CHOICE OF CASKET IS: <i>(Select one)</i> <input type="checkbox"/> METAL <input type="checkbox"/> WOOD Reimbursement for interment expenses not to exceed \$ _____
OPTION 3 <input type="checkbox"/> _____ <i>(Initials)</i>	The remains be prepared, dressed, casketed and transported direct to Government cemetery named below. NAME AND ADDRESS OF GOVERNMENT CEMETERY: MY CHOICE OF CASKET IS: <i>(Select one)</i> <input type="checkbox"/> METAL <input type="checkbox"/> WOOD Reimbursement for interment expenses not to exceed \$ _____
OPTION 4 <input type="checkbox"/> _____ <i>(Initials)</i>	The remains be prepared, dressed, casketed, and transported to the funeral home named below with subsequent cremation at Government expense, arranged by the person with legal authority at the final destination. NAME AND ADDRESS OF FUNERAL HOME AND CEMETERY: <input type="checkbox"/> I INTEND TO RETAIN POSSESSION OF THE CREMATED REMAINS. MY CHOICE OF CASKET IS: <i>(Select one)</i> <input type="checkbox"/> METAL <input type="checkbox"/> WOOD MY CHOICE OF URN IS: <i>(Select one)</i> <input type="checkbox"/> BRONZE <input type="checkbox"/> WOOD Reimbursement for interment expenses not to exceed amounts in options 1 and 2 depending on interment in a civilian or Government cemetery. The reimbursable amount when the cremated remains are retained and not interred is the same as for option 2.
OPTION 5 <input type="checkbox"/> _____ <i>(Initials)</i>	I desire to make all arrangements. Release remains to the following funeral home. NAME AND ADDRESS OF FUNERAL HOME: Reimbursement for casket, preparation of remains, and interment in a private cemetery \$ _____ Reimbursement for casket, preparation of remains, and interment in a government cemetery \$ _____ Reimbursement of transportation charges for transportation of remains not to exceed amount it would have cost the Government to transport the remains. The reimbursable amount when the cremated remains are retained and not interred is the same as for Government cemetery.
OPTION 6 <input type="checkbox"/> _____ <i>(Initials)</i>	I, the undersigned, having the paramount right and responsibility to direct the disposition of the remains, HEREBY RELINQUISH MY RIGHTS to direct the disposition of the remains. I understand that the right to direct disposition of the remains will pass to the next person in order of precedence. I also certify that I have the legal right to make this authorization and release the U.S. Army, its officers, agents and employees from any and all liability which may arise from this relinquishment.

7. AUTHORIZATION: I, the undersigned, authorize the release of remains and desire disposition to be effected as indicated above.		a. DATE (YYYYMMDD)
b. TYPED OR PRINTED NAME OF WITNESS		d. TYPED OR PRINTED NAME OF PADD
c. SIGNATURE OF WITNESS		e. SIGNATURE OF PADD