

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: Title 10 USC, Sections 1481 through 1488

Principal Purpose: To record disposition of remains as directed by the Person Authorized to Direct Disposition of the remains (PADD).

Routine Uses: By Departments of the Army, Navy, and Air Force to document and authorize actions necessary to return the remains.

Disclosure: Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded or accommodated.

NAME OF DECEASED (<i>Last, First, Middle Initial</i>)	SERVICE / RANK OF DECEASED	SSN OF DECEASED
TYPED OR PRINTED NAME OF PADD		RELATIONSHIP TO DECEASED

I, the undersigned, understand that partial additional remains have been recovered and individually identified for the decedent listed above.
I hereby direct and authorize that the additional remains be: (*select one option below*)

Option 1 _____ <i>Initial</i>	Transferred for interment in a suitable burial container above the original casket to: <i>Funeral Home</i> _____ <i>Name and</i> _____ <i>Address</i> _____
Option 2 _____ <i>Initial</i>	Transferred to the funeral home below for subsequent cremation at Government expense, arranged by the person with legal authority at the final destination: Urn Choice: Metal _____ Wood _____ <i>Funeral Home</i> _____ <i>Name and</i> _____ <i>Address</i> _____
Option 3 _____ <i>Initial</i>	Cremated, placed in a Metal _____ or Wood _____ urn and delivered to: <i>Name and</i> _____ <i>Address</i> _____
Option 4 _____ <i>Initial</i>	Retained at the Servicing Mortuary for appropriate disposition by the parent Service.
Option 5 _____ <i>Initial</i>	Retained by the Armed Forces Medical Examiner System for teaching and research purposes with final disposition as a medical specimen.

In the event that further subsequent remains are identified beyond today (select Notify or Do Not Notify):

NOTIFY	You may select one or both _____ I would like to be notified and given the choice of accepting individual portions for disposition. _____ I would like to be notified in the event that further remains are classified as part of a group , so that I can be provided information on any planned ceremony in honor of Service members in the group.
DO NOT NOTIFY	_____ I DO NOT want to be notified. I authorize the parent Service to make appropriate disposition.

AUTHORIZATION OF PADD AND WITNESS

SIGNATURE OF PADD		DATE
TYPED OR PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS	DATE