

DISPOSITION OF REMAINS ELECTION STATEMENT INITIAL NOTIFICATION OF 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 desired by the person authorized to direct disposition of 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 and accommodated.

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| 1. NAME OF DECEASED (Last, First, Middle Initial) | 2. SERVICE / RANK OF DECEASED | 3. SSN OF DECEASED |
| 4. TYPED OR PRINTED NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) | | 5. RELATIONSHIP TO DECEASED |

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 & II; additionally complete section III for a multiple casualty incident.**

Section I: Election for Currently Recovered Remains

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| Option 1 _____ Initials | I would like to receive the incomplete remains that have been identified at this time. |
| Option 2 _____ Initials | 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 In the Event of Future Individual Identification

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| Option 1 _____ Initials | In the event that further remains are individually identified, I would like to be notified and given the choice of accepting subsequent portions for disposition. |
| Option 2 _____ Initials | In the event that further remains are individually identified, I DO NOT want to be notified. I authorize the Army, Marine Corps, Navy, Air Force or Coast Guard to make appropriate disposition. |

Section III: Election In the Event of Future Group Designation (Multiple Casualty Incident)

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| Option 1 _____ Initials | In the event that further remains are designated for inclusion with a group, I would like to be notified and provided information on any planned ceremony in honor of deceased Service members in the group. |
| Option 2 _____ Initials | In the event that further remains are designated for inclusion with a group, I DO NOT want to be notified. |

Authorization of PADD and Witness

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| SIGNATURE OF PADD | DATE |
| TYPED OR PRINTED NAME OF WITNESS (Last, First, MI, Rank/Grade, Title) | |
| SIGNATURE OF WITNESS | DATE |