

RECORD OF PREPARATION AND DISPOSITION OF REMAINS

(Contracted Mortuary Facility)

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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 1481 through 1488; E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To record services performed by a licensed mortician in the reprocessing of remains and any expenses incurred.

ROUTINE USE(S): In addition to those disclosures generally permitted under Title 5 US Code Section 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to Title 5 US Code Section 552a(b)(3) as follows: Information from these records record services performed by a licensed mortician in the reprocessing of remains and any reimbursements received with the decedent. A licensed mortician will inspect remains to determine the degree of reprocessing needed. This information is vital for recording and cross checking services performed when reprocessing remains. Without the information, the government would not be able justify the incurred expenses and reimbursements received. The DoD Health Information Privacy Regulation (DoDM 6025.18) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoDM 6025.18 may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

DISCLOSURE: Disclosure of information is mandatory IAW 10 U.S.C. Sections 1481 through 1488.

1. TO (Recipients and address authorized distribution)		2. NAME OF AUTHORITY ARRANGING PREPARATION			
		3. RECEIVING FUNERAL HOME			
		a. NAME			
		b. ADDRESS (Street, Apartment Number, City, State, ZIP Code)			
4. DECEDENT DATA					
a. NAME (Last, First, Middle Initial)		d. ORGANIZATION		e. BRANCH OF SERVICE	
b. GRADE		c. SSN or DoD ID NUMBER		<input type="checkbox"/> a. ARMY <input type="checkbox"/> b. NAVY <input type="checkbox"/> c. AIR FORCE <input type="checkbox"/> d. MARINE CORPS <input type="checkbox"/> e. OTHER (Specify): _____	
f. DATE OF DEATH (YYYYMMDD)		g. MEANS OF IDENTIFICATION			
5. PERSON AUTHORIZED THE DISPOSITION OF THE REMAINS					
<input type="checkbox"/> PADD <input type="checkbox"/> PAED a. NAME (Last, First, Middle Initial)		c. ADDRESS (Street, Apartment Number, City, State, ZIP Code)			
b. RELATIONSHIP OF PERSON DIRECTING DISPOSITION					
6. MORTUARY DATA					
a. REMAINS RECEIVED AT MORTUARY		b. EMBALMING STARTED		c. EMBALMING ENDED	
DATE (YYYYMMDD)	HOUR	DATE (YYYYMMDD)	HOUR	DATE (YYYYMMDD)	HOUR
d. EXPLAIN ANY DELAY IN AUTOPSY, PREPARATION, INSPECTION OR SHIPMENT OF REMAINS		e. TYPE OF CASE			
		<input type="checkbox"/> a. AUTOPSIED <input type="checkbox"/> b. NOT AUTOPSIED <input type="checkbox"/> c. VIEWABLE <input type="checkbox"/> d. MUTILATED <input type="checkbox"/> e. NON-VIEWABLE <input type="checkbox"/> f. VIEWABLE FOR IDENTIFICATION <input type="checkbox"/> g. OTHER (Specify): _____			

7. EMBALMING TREATMENT AND RESULTS					
a. ARTERIES INJECTED		b. VEINS DRAINED		c. FLUID DILUTIONS	
(1) Carotid	<input type="checkbox"/> R <input type="checkbox"/> L	(5) Iliac	<input type="checkbox"/> R <input type="checkbox"/> L	(1) Jugular	<input type="checkbox"/> R <input type="checkbox"/> L
(2) Subclavian	<input type="checkbox"/> R <input type="checkbox"/> L	(6) Femoral	<input type="checkbox"/> R <input type="checkbox"/> L	(2) Axillary	<input type="checkbox"/> R <input type="checkbox"/> L
(3) Axillary	<input type="checkbox"/> R <input type="checkbox"/> L	(7) Radial	<input type="checkbox"/> R <input type="checkbox"/> L	(3) Iliac	<input type="checkbox"/> R <input type="checkbox"/> L
(4) Brachial	<input type="checkbox"/> R <input type="checkbox"/> L	(8) Ulnar	<input type="checkbox"/> R <input type="checkbox"/> L	(4) Femoral	<input type="checkbox"/> R <input type="checkbox"/> L
d. HARDENING COMPOUND USED <i>(lbs)</i>		e. DRAINAGE		(1) Index of Concentrated Arterial Fluid _____	
		<input type="checkbox"/> Continuous <input type="checkbox"/> Restricted <input type="checkbox"/> Intermittent		(2) Index of Concentrated Cavity Fluid _____	
8. ADDITIONAL PREPARATION REQUIRED				f. TOTAL CONCENTRATED FLUID USED	
a. AREAS HYPODERMICALLY EMBALMED				(1) Arterial _____ Oz. (2) Cavity _____ Oz.	
b. PARTS RECEIVING POOR CIRCULATION AND HOW TREATED				(3) Preinjection _____ Oz. (4) Humectant _____ Oz.	
c. RESTORATION TREATMENT <i>(Describe and state reason if features are not restored)</i>				(5) Other _____ Oz.	
d. PREPARING EMBALMER					
(1) NAME			(2) LICENSE NUMBER	(3) STATE	(4) SIGNATURE
9. CASKET / URN					
a. CASKET USED		b. NAME OF CASKET MANUFACTURER		c. URN USED	d. NAME OF URN MANUFACTURER
<input type="checkbox"/> Metal <input type="checkbox"/> Cremation <input type="checkbox"/> Wood <input type="checkbox"/> Oversized				<input type="checkbox"/> Metal <input type="checkbox"/> Wood	
10. EXPENSE DATA					
PREPARATION SERVICE OBTAINED BY: <input type="checkbox"/> Annual Contract <input type="checkbox"/> One-Time Contract					
a. Recovery of Remains _____		g. Transportation of Remains _____			
b. Casket _____		Method of Shipment			
c. Mortuary Services _____		(1) Air _____ (2) Overland _____ (3) Water _____			
d. Clothing _____		h. Transportation of Escort _____			
e. Flag _____		(1) Air _____ (2) Rail _____ (3) Bus _____			
f. Cremation _____		(4) Ship/Boat _____ (5) Per Diem _____			
					COMPLETE TOTAL _____
11. INTERMENT EXPENSES					
a. PAYEE				b. AMOUNT PAID	
c. VOUCHER NUMBER		d. CHECK NUMBER		e. PAYMENT DATE (YYYYMMDD)	
12. INDICATE REASON(S), IF OVERSIZED CASKET USED					
13. CONTRACTOR CERTIFICATION					
I certify that the supplies and services furnished meet the terms and specifications of the contract, and the remains and supplies should be in a satisfactory condition at final destination.					
a. NAME			b. ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>		
c. SIGNATURE		d. SIGNED DATE <i>(YYYYMMDD)</i>			

CUI (when filled in)

14. INSPECTION DATA <i>(Remains, Casket and Shipping Container)</i>		YES	NO	N/A
a. REMAINS <i>(To be completed before remains are clothed)</i>				
(1) Remains bathed to present a clean appearance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Face shaven; moustache, if any, and hairs protruding from nose and ears trimmed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Facial features and hands arranged to present a natural appearance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Fingernails clean and trimmed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Orifices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Abrasions, wounds and incisions sealed to prevent drainage and leakage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Remains adequately preserved and disinfected		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. REMAINS <i>(To be completed during clothing and after casketing remains)</i>				
(1) Identification tags with remains		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Cosmetics applied to present a natural appearance of hands and face		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Eyelashes, eyebrows and hair free of cosmetics		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Hair styled <i>(for female personnel)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Restorative work appears natural		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Proper underclothing placed on remains		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Entire uniform clean, pressed and satisfactory in appearance and fit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Epaulet ends under collar, tie in place, buttons and belt properly fastened and decorations correctly placed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Remains present an appearance of repose in casket		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Clearance between head and end of casket adequate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11) Non-viewable remains properly wrapped and secured in position		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12) Uniform placed over non-viewable wrapped remains		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CASKET				
(1) Casket meets specifications		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Interior and exterior of casket are clean and unmarred		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Casket properly closed and/or sealed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. SHIPPING CONTAINER				
(1) Shipping Container is properly marked		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Shipping Container is properly closed and/or sealed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SHIPPED DATE TO CONSIGNEE <i>(YYYYMMDD)</i>	16. DEPARTMENT REPRESENTATIVE			
	<input type="checkbox"/> I certify that the remains were inspected after embalming and/or reprocessing; and <input type="checkbox"/> after remains were clothed and placed in the casket.			
a. NAME			b. GRADE	
c. INSTALLATION OR DEPARTMENT				
d. REMARKS <i>(Indicate item reference number, when applicable)</i>				
e. SIGNATURE			f. SIGNED DATE <i>(YYYYMMDD)</i>	