

## 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.

NAME OF DECEASED (Last, First, Middle Initial)	RANK OF DECEASED	SSN
TYPED OR PRINTED NAME OF PADD		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 remains may be recovered at a later date.

**I elect the following option from each of the two sections below:**

### ***Section I: Election for Currently Recovered Remains***

Option 1	<b>I would like to receive the partial remains that have been identified at this time.</b>
_____	
Initials	
Option 2	<b>I would like to have the partial remains temporarily held until other substantial remains believed to be from the deceased are identified. I understand that this process typically takes less than one week.</b>
_____	
Initials	

### ***Section II: Election In the Event of Future Identification***

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

AUTHORIZATION OF PADD AND WITNESS SIGNATURE	DATE:
SIGNATURE OF PADD	
TYPED OR PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS