STATEMENT OF DISPOSITION OF MILITARY REMAINS

(Read Agency Disclosure Notice, Privacy Advisory, and Instructions on Page 2 before completing this form.)

OMB No. 0704-0581
OMB approval expires 01/31/2022

1. NAME OF DECEASED *(Last, First, Middle Initial)*	2. SERVICE/GRADE OF DECEASED	3. DCIPS CASE NUMBER

4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER *(Include Area Code)*

d. CURRENT RESIDENCE ADDRESS *(Street, Apartment Number, City, State and ZIP Code)*

5. SELECTION OF DISPOSITION OPTIONS

I, the undersigned Person Authorized to Direct Disposition (PADD), have been provided a **MORTUARY BRIEFING** and I understand each of the options presented and have selected disposition of remains as indicated below. I understand that the embalming/preparation, restoration, and casketing of remains, under **Options 1 - 4**, may be provided by a civilian funeral home, under contract with the DoD, or a Mortuary operated by the Department of the Army, Navy, or Air Force.

OPTION 1 _____ *(Initials)*	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in **Block 8**, and request transportation to be arranged, with escort, at government expense to the **FUNERAL HOME** listed in **Block 6**, with subsequent interment/entombment in the **CIVILIAN CEMETERY** listed in **Block 7**. I understand the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed $ 9,000.00. In addition to this maximum reimbursement, the Government will pay all remains transportation expenses.
OPTION 2 _____ *(Initials)*	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in **Block 8**, and request transportation to be arranged, with escort, at government expense to the **FUNERAL HOME** listed in **Block 6**, with subsequent interment/entombment in the **GOVERNMENT CEMETERY (Federal/State)** listed in **Block 7**. I understand that the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed $ 6,000.00. In addition to this maximum reimbursement, the Military will pay all remains transportation expenses.
OPTION 3 _____ *(Initials)*	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in **Block 8**, and request transportation to be arranged, with escort, at government expense with direct consignment for interment/entombment in the **GOVERNMENT CEMETERY (Federal/State)** listed in **Block 7**. I understand that the reimbursement for expenses incurred at the funeral home, cemetery, for the transportation of remains, and other authorized expenses cannot exceed $ 2,500.00.
OPTION 4 _____ *(Initials)*	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in a **WOOD CREMATION CASKET**, with **CREMATION** to be arranged by the receiving **FUNERAL HOME,** listed in **Block 6**, in accordance with all applicable statutory provisions. The Military will provide the urn selected in **Block 9** and arrange transportation of the casket and escort at Government expense. I understand that the reimbursement for expenses incurred at the funeral home and cemetery and other authorized expenses cannot exceed **Option 1** or **Option 2** (depending on the method of dispositon of the urn) $_____. In addition to this maximum reimbursement, the Government will reimburse the cremation expenses.
OPTION 5 _____ *(Initials)*	I desire to **MAKE ALL ARRANGEMENTS** for the disposition of remains. If the remains are under the control of the DoD, I direct the remains be released to the funeral home listed in **Block 6**. Reimbursement for expenses associated with the disposition of the remains may not exceed the reimbursement entitlements listed in **(A)** or **(B),** as applicable. If the remains are cremated and retained, the reimbursement will not exceed that of **(A)** below. Additionally, the Government will reimburse all remains transportation expenses. Refer to the instruction page of this form for support provided by the Military Service when choosing this option. **(A)** $ 10,500.00 for interment/entombment in a **CIVILIAN CEMETERY.** **(B)** $ 9,000.00 for interment in a **GOVERNMENT CEMETERY (Federal/State).**
OPTION 6 _____ *(Initials)*	**I HEREBY RELINQUISH MY RIGHTS** to all decisions regarding the disposition of the remains and understand that the right to direct disposition of the remains will pass to the next person in hierarchy by marriage, blood relation, or adoption and whose name is listed below. I also certify that I have the legal right to make this authorization and release the DoD, its officers, agents, and employees from any and all liability that may arise from this action. I further authorize the named individual to apply for reimbursement of the authorized reimbursable funeral expenses, up to the allowable limit, incurred in the disposition of these remains. By law, the new PADD to whom the authority to direct disposition passes is *(Name/relationship)*: _____

6. RECEIVING FUNERAL HOME *(Name, Address (include ZIP Code) and Telephone Number (Include Area Code)*	7. CEMETERY *(or where final disposition of remains is to be effected) (Name, Address (include ZIP Code) and Telephone Number (Include Area Code)*

8. CASKET SELECTION *(Not applicable to Options 4 or 5)*	9. URN SELECTION *(Applicable to Option 4)*	10. I DESIRE MILITARY FUNERAL HONORS:
☐ 18-GA Steel with Silver Tone Finish ☐ Solid Hardwood with Walnut Finish	☐ Solid Bronze ☐ Solid Walnut	☐ YES ☐ NO

11.a. TYPED OR PRINTED NAME OF PADD	b. SIGNATURE OF PADD	c. DATE

12.a. TYPED OR PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS	c. DATE

Prescribed by: DoDD 1300.22

REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES

(Read Privacy Act Statement on back before completing form.)

OMB No. 0704-0030
OMB approval expires: 20220630

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.

PART I - TO BE COMPLETED BY MILITARY AUTHORITIES

1. MILITARY ACTIVITY PREPARING THIS FORM	2. MILITARY ACTIVITY FORM IS TO BE MAILED TO FOR PAYMENT	
a. NAME	a. NAME US NAVY & MARINE CORPS MORTUARY AFFAIRS	
b. ADDRESS *(Street, City, State and ZIP Code)*	b. ADDRESS *(Street, City, State and ZIP Code)* MILLINGTON, TN	
3. NAME OF DECEDENT *(Last, First, Middle Initial)*	**4. PAY GRADE/RANK**	**5. SERVICE NUMBER/SSN**
6. PLACE OF DEATH *(City, State, Country)*		**7. DATE OF DEATH** *(YYYYMMDD)*
8. NAME OF CLAIMANT *(Last, First, Middle Initial)*		**9. RELATIONSHIP**

10. FUNERAL HOME AND/OR NATIONAL CEMETERY

a. NAME	b. ADDRESS *(Street, City, State and ZIP Code)*

11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH

☐ NO ☐ YES *(Enter name of contracting activity)*

PART II - TO BE COMPLETED BY CLAIMANT *(Proper completion will expedite settlement.)*

a. Complete Items 12 and 13.
b. Complete either Item 14, 15, or 16. (Do not complete more than one.)
c. Complete Item 17, when cost of shipment of remains is claimed in Item 15 or as Item 16.
d. Attach copies of bills for all amounts claimed.
e. Mail completed form to addressee shown in Item 2.

12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION

a. NAME	b. ADDRESS *(Street, City, State and ZIP Code)*	13. DATE OF INTERMENT *(YYYYMMDD)*

14. INTERMENT COSTS *(To be completed when claimant arranged for interment only.)*
Enter total amount paid or incurred for one or more of the following: Cost of single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service.

AMOUNT CLAIMED
$

15. FUNERAL ARRANGEMENT *(To be completed when claimant made all arrangements.)*
Enter total amount paid or incurred for one or more of the following: Casket, preservation (embalming) and related services, cremation and urn, clothing for deceased, cost for interment (single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service), and shipment of remains (removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery).

AMOUNT CLAIMED
$

16. SHIPPING COSTS OF REMAINS *(To be completed when claimant paid or incurred cost for shipment of remains.)*
Enter total amount paid or incurred for one or more of the following: Removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery.

AMOUNT CLAIMED
$

17. SHIPMENT OF REMAINS *(Complete when shipping costs claimed.)*

a. SHIPPED FROM *(City and State)*	b. SHIPPED TO *(City and State)*	c. MODE OF SHIPMENT *(X one)*
		☐ AIR ☐ HEARSE

18. STATEMENT OF CLAIMANT: I have paid or incurred expenses in the amounts entered in Items 14, 15, and/or 16. I desire that the amount allowable by the Government be paid to:

a. NAME OF PAYEE *(Print or type)*	b. TAXPAYER ID NUMBER OR SSN

c. ADDRESS OF PAYEE *(Street, City, State and ZIP Code)*	d. SIGNATURE OF CLAIMANT	e. DATE SIGNED

INSTRUCTIONS TO THE CACO FOR FILLING OUT THE DD FORM 1375

1A: Name of CACO's unit.
1B: Address of CACO's unit.
2A: Write "*US Navy & Marine Corps Mortuary Affairs*".
2B: Write "*Millington, TN*".
3: Name of the deceased Marine.
4: Rank of deceased Marine.
5: Social Security Number of the deceased Marine.
6: City and state (or country) where death occurred.
7: Date of death.
8: Write the name of the Person Authorized to Direct Disposition (PADD). The PADD is the **ONLY** name that should go in this blank.
9: PADD's relationship to the deceased Marine.
10A: Name of funeral home that will be conducting the funeral.
10B: Address of funeral home that will be conducting the funeral.
11: **Leave this blank.** It will be filled out my Mortuary Affairs.
12A: Name of cemetery. If the remains were cremated and the family kept the cremated remains write "*Cremains retained by family*".
12B: Address of cemetery. If the remains were cremated and the family kept the cremated remains write "*N/A*".
13: Date of burial. If the remains were cremated and the family kept the cremated remains write "*N/A*".
14-16: **Leave these blank.** Mortuary Affairs will obtain a copy of the funeral bill and fill out these blanks.
17A: The city and state where the initial mortuary preparation took place. This is usually the same city as block #6. In the case of an OEF related death write "*Dover, DE*".
17B: The city and state where the final funeral services were held. This is usually the same city as block #10B.

If Mortuary Affairs is to pay a <u>funeral home, cemetery or other business directly</u>, then 18A-18E should be filled out as follows:

18A: Name of business to be paid. Ignore the blank marked "Cage Code".
18B: Taxpayer ID Number of business to be paid. The General Manager or Office Manager will know this number.
18C: Address of business to be paid.
18D: PADD's signature. The PADD is the **ONLY** person authorized to sign here.
18E: Date signed.

If Mortuary Affairs is to pay the <u>PADD, a family member, or another individual</u>, (this usually means that the family plans to pay for the funeral "out-of-pocket") then 18A-18E should be filled out as follows:

18A: Name of person to be paid. Ignore the blank marked "Cage Code".
18B: Social Security Number of person to be paid.
18C: Address of person to be paid.
18D: PADD's signature. The PADD is the **ONLY** person authorized to sign here.
18E: Date signed.

A separate DD 1375 will be needed for every business/person that is to be paid

Navy & Marine Corps Mortuary Affairs

MORTUARY SERVICES WORKSHEET

DECEDENT'S NAME *(FIRST, MIDDLE, LAST)*:			RANK AT TIME OF DEATH:
WILL DECEDENT BE ELIGIBLE FOR POSTHUMOUS PROMOTION? ☐ Yes ☐ No			IF YES, PROVIDE NEW RANK:
SEX:	SOCIAL SECURITY NUMBER:		BIRTHDATE:
AGE:	HIGHEST LEVEL OF EDUCATION:		
DECEDENT'S RACE:		WAS DECEDENT OF HISPANIC ORIGIN? *(IF YES, SPECIFY)*	
MARITAL STATUS :		BIRTHPLACE *(CITY & STATE OR FOREIGN CITY & COUNTRY)*:	
DECEDENT'S RESIDENCE *(STREET ADDRESS)*:			
DECEDENT'S RESIDENCE *(CITY, STATE, ZIP)*:	DECEDENT'S RESIDENCE *(COUNTY)*:		
LENGTH OF TIME AT THIS RESIDENCE:		DECEDENT'S OCCUPATION *(MOS Description)*:	
BRANCH OF SERVICE:		LENGTH OF TIME IN OCCUPATION: Also, please provide date enlisted in service (mm,dd,yyyy):	
NAME OF SURVIVING SPOUSE *(FIRST, MIDDLE, LAST)*:		SPOUSE'S MAIDEN NAME:	
NAME OF FATHER *(FIRST, MIDDLE, LAST)*:		FATHER'S BIRTHPLACE *(CITY & STATE)*:	
NAME OF MOTHER *(FIRST, MIDDLE, LAST*	MOTHER'S MAIDEN NAME:	MOTHER'S BIRTHPLACE (CITY & STATE):	
INFORMANT (PADD) NAME:		INFORMANT (PADD) RELATIONSHIP TO DECEASED:	
INFORMANT (PADD) MAILING ADDRESS:			
DATE OF DEATH:		HOUR OF DEATH:	
PLACE OF DEATH *(IF HOSPITAL, SPECIFY IP, ER, DOA)*:			
ADDRESS OF PLACE OF DEATH *(FACILITY NAME, ADDRESS WHERE DEATH OCCURRED, INCLUDING STREET ADDRESS, CITY, STATE & ZIP)*:			
INCIDENT DESCRIPTION:			
LOCATION OF REMAINS :			
PERSON TO SIGN DEATH CERTIFICATE *(NAME & PHONE NUMBER)*:			
DISPOSITION DATE:			
ORIGINATING CACO/DAO*(NAME, UNIT/BASE & PHONE)*:		CACO RECEIVING DSM *(NAME, UNIT/BASE & PHONE)*:	
ESCORT'S NAME & RANK:		IF OPTION 4, PROVIDE NAME AND ADDRESS OF **CREMATORY**:	

Informant Signature / Date

Witness Signature / Date

Notes for completing Mortuary Worksheet:

-If deceased is female, please note maiden name in parenthesis in first block.

-If deceased is of Hispanic Origin, please specify (Mexican, Puerto Rican, Cuban, etc.)

-Please do not put 'single' as marital status. Please select from Married/Never Married/Divorced/Widowed

-Please provide all requested information asap to expedite processing of the death certificate.