ELECTION FOR AIR TRANSPORTATION OF REMAINS OF CASUALTIES DYING OVERSEAS AND RETURNED THROUGH DOVER AIR FORCE BASE

OMB No. 0704-0581
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The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE RETURN THIS FORM TO ODASD MC&FP; ATTN: CASUALTY; 4000 DEFENSE PENTAGON; WASHINGTON, DC 20301-4000.

PRIVACY ADVISORY

With this form the Department of Defense asks you to document your decisions about the remains of your Service Member. This process includes providing your name and contact information as well as your relationship to the service member. This collection is authorized by 10 U.S.C. 1481 through 1488, and this form will be filed in the Defense Casualty Information Processing System (DCIPS) as part of the service members Individual Deceased Personnel File (IDPF), covered by following Department of the Army System of Record Notice: (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahrc-dod/). Completing this form is voluntary. However, without completing the form, your choices regarding your service member may not be documented or complied with.

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

As the Person Authorized to Direct Disposition (PADD) of remains, I acknowledge the air transportation options available to me, and my choice is reflected below:

OPTION 1 _____ *(Initials)*	I direct the remains to be transported by military/military contracted aircraft to an airport or military base appropriate to the receiving funeral home or interment site.
OPTION 2 _____ *(Initials)*	I direct the remains to be transported by commercial aircraft to an airport appropriate to the receiving funeral home or interment site.

6. NOTES *(Airport)*

7. GENERAL WAIVER

_____ *(Initials)* In the unlikely event that the choice of air transportation selected above is delayed due to circumstances beyond the Military Service's control, I authorize the Military Service to arrange other transportation, if required, to ensure the timely arrival of my loved one's remains.

AUTHORIZATION AND SIGNATURES

8.a. SIGNATURE OF PADD		**b. DATE** *(YYYYMMDD)*
9.a. TYPED OR PRINTED NAME OF WITNESS	**b. SIGNATURE OF WITNESS**	**c. DATE** *(YYYYMMDD)*