

RELEASE OF REMAINS FOR LOCAL DISPOSITION (OCONUS)

For use of this form, see AR 638-2; the proponent agency is ODCSPER

1. I, _____ request release of the remains of
(Name and Grade of Sponsor or Next of Kin (NOK))

_____, my _____
(Name of Deceased) (Relationship)

_____ for final disposition
(Name of local funeral director or cemetery)

(Location)

2. I hereby acknowledge that once the remains of my _____
(Relationship)

are released for final disposition, subsequent disinterment and/or shipment of the disinterred remains will not be arranged by, nor paid for by the Government, nor will the disinterred remains be shipped on military aircraft on a reimbursable basis. Information on disinterment and/or shipping costs may be obtained from the nearest US consulate or embassy where death occurred.

3. I understand that remains interred in civilian cemeteries in some countries are subject to disinterment after a period of time *(determined by the cemetery officials)* and may be disposed of without consulting me. I further understand that all arrangements at the cemetery are my sole responsibility.

TYPED NAME OF SPONSOR OR NOK SIGNATURE OF SPONSOR OF NOK DATE

TYPED NAME OF WITNESS SIGNATURE OF WITNESS DATE