

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
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TYPED NAME OF WITNESS	SIGNATURE OF WITNESS	DATE
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