RECORD OF PREPARATION AND DISPOSITION OF REMAINS

(Contracted Mortuary Facility)

OMB No. 0704-0231 OMB approval expires: 20280331

The public reporting burden for this collection of information is estimated to average 1 hour 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-informationcollections@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 DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN BLOCK 1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 1481 through 1488; E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To record services performed by a licensed mortician in the reprocessing of remains and any expenses incurred.

ROUTINE USE(S): In addition to those disclosures generally permitted under Title 5 US Code Section 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to Title 5 US Code Section 552a(b)(3) as follows: Information from these records record services performed by a licensed mortician in the reprocessing of remains and any reimbursements received with the decedent. A licensed mortician will inspect remains to determine the degree of reprocessing needed. This information is vital for recording and cross checking services performed when reprocessing remains. Without the information, the government would not be able justify the incurred expenses and reimbursements received. The DoD Health Information Privacy Regulation (DoDM 6025.18) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoDM 6025.18 may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

found in the Privacy Act of 1974 or mentioned in this system of records notice. DISCLOSURE: Disclosure of information is mandatory IAW 10 U.S.C. Sections 1481 through 1488.									
1. TO (Recipients and address authorized distribution)				2. NAME OF AUTHORITY ARRANGING PREPARATION					
				3. RECEIVING FUNERAL HOME a. NAME					
				b. ADDRESS (Street, Ap	partment Number, City, State, 2	ZIP Code)			
4. DECEDENT DA		,		1					
a. NAME (Last, F.	irst, Middle Initial)		d. ORGANI	ZATION	e. BRANCH OF SERVICE				
					a. ARMY b. N	IAVY c. AIR FORCE			
b. GRADE	b. GRADE c. SSN or DoD ID NUMBER				d. MARINE CORPS				
				e. OTHER (Specify):					
f. DATE OF DEATH (YYYYMMDD) g. MEANS (5. PERSON AUTHORIZED THE DISPOSITION OF THE REMAINS				OF IDENTIFICATION					
PADD PAED a. NAME (Last, First, Middle Initial)				c. ADDRESS (Street, Apartment Number, City, State, ZIP Code)					
b. RELATIONSHIP OF PERSON DIRECTING DISPOSITION									
6. MORTUARY DA	ATA								
			MING STARTED		c. EMBALMING ENDED				
DATE (YYYYMI	MDD) HOUR	DATE (YYYYMMDD)	HOUR	DATE (YYYYMMDD)	HOUR			
d. EXPLAIN ANY DELAY IN AUTOPSY, PREPARATION, INSPECTION				e. TYPE OF CASE					
OR SHIPMENT OF REMAINS			a. AUTOPSIED b. NOT AUTOPSIED c. VIEWABLE						
				d. MUTILATED	MUTILATED e. NON-VIEWABLE				
				f. VIEWABLE FOR IDENTIFICATION					
				g. OTHER (Specify):					

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CUI (when filled in)

Controlled by: OUSD(P&R)
CUI Category: PRVCY
LDC: FEDCON

POC: osd.pentagon.ousd-p-r.mbx.forms@mail.mil

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7. EMBALMING TREATMENT AND RESULTS											
a. ARTERIES INJECTED R L	R L b. VEINS DRAINED R L	c. FLUID DILUTIONS									
(1) Carotid	(5) Iliac (1) Jugular [(1) Index of Concentrated Arterial Fluid									
(2) Subclavian	(6) Femoral (2) Axillary	(2) Index of Concentrated Cavity Fluid									
(3) Axillary	(7) Radial (3) Iliac [(3) Preinjection FluidOzGal.									
(4) Brachial	(8) Ulnar (4) Femoral	(4) 1st InjectionOz Gal.									
d. HARDENING COMPOUND	e. DRAINAGE	(5) 2nd Injection Oz Gal.									
USED (lbs)		(6) 3rd Injection Oz. Gal.									
	Continuous Restricted Intermittent	(7) 4th Injection Oz. Gal.									
8. ADDITIONAL PREPARATION RE		f. TOTAL CONCENTRATED FLUID USED									
a. AREAS HYPODERMICALLY EN	BALMED	(1) Arterial Oz. (2) Cavity Oz.									
b. PARTS RECEIVING POOR CIR	CULATION AND HOW TREATED	(3) PreinjectionOz. (4) HumectantOz.									
		(5) Other Oz.									
c. RESTORATION TREATMENT (Describe and state reason if features are not restored)										
d. PREPARING EMBALMER (1) NAME	(2) LICENSE	MI IMPED (2) STATE (A) SIGNATURE									
(1) NAME	(2) LICENSE	NUMBER (3) STATE (4) SIGNATURE									
9. CASKET / URN	L NAME OF CACKET MANUFACTURED	A NAME OF UDA MANUFACTURED									
a. CASKET USED	b. NAME OF CASKET MANUFACTURER c. URN										
Metal Cremation Oversized		etal									
		/ood									
10. EXPENSE DATA PREPARATION SERVICE OBTA	AINED BY: Annual Contract One-Time Cont	roct									
		au.									
a. Recovery of Remains	g. Transportation of Remains Method of Shipment										
b. Casket ———	(1) Air (2) Overland	(3) Water									
c. Mortuary Services	h. Transportation of Escort										
d. Clothing	(1) Air (2) Rail	(3) Bus									
e. Flag	(4) Ship/Boat	(5) Per Diem									
f. Cremation		COMPLETE TOTAL									
11. INTERMENT EXPENSES											
a. PAYEE		b. AMOUNT PAID									
c. VOUCHER NUMBER	d. CHECK NUMBER	e. PAYMENT DATE (YYYYMMDD)									
C. VOUCHER NUMBER	u. Check Nowber	e. PATMENT DATE (************************************									
12. INDICATE REASON(S), IF OVER	RSIZED CASKET USED										
. ,											
13. CONTRACTOR CERTIFICATION											
	services furnished meet the terms and specifications of the conf	ract, and the remains and supplies should be in a									
a. NAME		Apartment Number, City, State, ZIP Code)									
c. SIGNATURE	d. SIGNED DATE (YYYYMMDD)										

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14. INSPECTION DATA (Remains, Casket and Shipping Container)						N/A	
a. REMAINS (To be completed before							
(1) Remains bathed to present a clean appearance							
(2) Face shaven; moustache, if an]						
(3) Facial features and hands arrai							
(4) Fingernails clean and trimmed				$\overline{\Box}$			
(5) Orifices			$\overline{\Box}$	$\overline{\Box}$			
(6) Abrasions, wounds and incision	ns sealed to prevent drainage and leakag	ge (Embalmer's Initial)		_	一	一一	
(7) Remains adequately preserved		(Embalmer's Initial)		_		$\overline{\Box}$	
b. REMAINS (To be completed during		,				Ш	
(1) Identification tags with remains							
(2) Cosmetics applied to present a natural appearance of hands and face							
(2) Cosmetics applied to present a natural appearance of names and face (3) Eyelashes, eyebrows and hair free of cosmetics						-	
(3) Eyelashes, eyebrows and half free of cosmetics (4) Hair styled (for female personnel)							
							
(5) Restorative work appears natural							
(6) Proper underclothing placed on remains (7) Entire uniform clean, pressed and satisfactory in appearance and fit							
	n place, buttons and belt properly fastene	and decorations correctly placed		=		<u> </u>	
(9) Remains present an appearance		ed and decorations correctly placed	L			<u> </u>	
			l	<u> </u>	<u> </u>	<u> </u>	
(10) Clearance between head and	· · · · · · · · · · · · · · · · · · ·			┽—	<u> </u>	<u> </u>	
(11) Non-viewable remains properly wrapped and secured in position					<u> </u>	<u> </u>	
(12) Uniform placed over non-view	/able wrapped remains						
c. CASKET			r				
(1) Casket meets specifications				_	Щ.	<u> </u>	
(2) Interior and exterior of casket a				<u> </u>	Щ.	<u> </u>	
(3) Casket properly closed and/or	sealed						
d. SHIPPING CONTAINER			1 ,				
(1) Shipping Container is properly					Щ.	Щ	
(2) Shipping Container is properly	closed and/or sealed				Ш		
15. SHIPPED DATE TO CONSIGNEE (YYYYMMDD)	16. DEPARTMENT REPRESENTATIVE						
(::::::::::::::::::::::::::::::::::::::	I certify that the remains were i	nspected after embalming and/or reprocess	sing: and				
	after remains were clothed and	placed in the casket.					
a. NAME			b. GRADE				
c. INSTALLATION OR DEPARTM	FNT						
d. REMARKS (Indicate item reference	e number, when applicable)						
e. SIGNATURE		f. SIGNED DATE (YYYYMMDD)					

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