

ADVANCED RESTORATIVE ART OF REMAINS

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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: [\(https://dpcl.dod.mil/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahrc-dod/\)](https://dpcl.dod.mil/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. DATE (YYYYMMDD)		2. NAME OF DECEASED (Last, First, Middle Initial)	
3. MORTUARY NUMBER		4. AFMES NUMBER	5. DCIPS CASE NUMBER

PADD ALWAYS RETAINS THE RIGHT TO VIEW REMAINS AT FINAL DESTINATION.

6. MORTUARY CLASSIFICATION RECOMMENDATION (X one) <input type="checkbox"/> Viewable <input type="checkbox"/> Viewable for Identification <input type="checkbox"/> Non-Viewable Head Wrap <input type="checkbox"/> Non-Viewable Full Body Wrap	7. ADDITIONAL NOTES
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8. POTENTIAL FOR RECLASSIFICATION
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9. PROCEDURE NECESSARY FOR RECLASSIFICATION/DRESSING OF REMAINS
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10. PADD APPROVAL FOR ADVANCED RESTORATIVE ART PROCEDURE <p>I state that I understand that this authorization encompasses permission to embalm and to perform post mortem reconstructive surgery on the deceased. I further understand that embalming, preservation and/or post mortem reconstructive surgery techniques are not an exact science and that the results are dependent upon a number of factors, including, but not limited to the condition under which the death occurred, time lapse between death and the application of techniques, physical condition at the time of death, medications, life-saving procedures, cause of death, natural elements and post mortem (autopsy) examinations.</p> <p>I understand that strategic surgical incisions and excisions of some tissues may be necessary to reconstruct disfigured tissues. I further understand that the number, size and location of the surgical incisions and/or excisions of tissue will be at the discretion of a licensed embalmer specializing in these skills.</p> <p>I state that I am the Person Authorized to Direct Disposition (PADD). I also agree to hold DoD Mortuaries, DoD contracted funeral homes, and their employees harmless with respect to any and all claims of any nature whatsoever made by any person or entity with respect to all damages of every kind.</p>			
a. PROCEED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	b. DATE (YYYYMMDD)	c. TYPED OR PRINTED NAME OF PADD	d. RELATIONSHIP TO DECEASED
e. SIGNATURE OF PADD		11.a. TYPED OR PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS