RECORD OF PREPARATION AND DISPOSITION OF REMAINS *(OUTSIDE CONUS)*

REPORT NUMBER

Reports Control Symbol

1. **THRU:** *(Recipient(s) & Address Authorized Distribution)*

2. **TO:** *(Recipient(s) & Address Authorized Distribution)*

3. **FROM:**

DECEDENT DATA

4. REMAINS OF *(Last Name, First, MI)*

5. GRADE/RANK

6. SSN

7. BRANCH OF SERVICE ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ OTHER *(Specify)*:

8. CAUSE OF DEATH

9. PLACE OF DEATH

10. DATE OF DEATH *(YYMMDD)*

11. MEANS OF IDENTIFICATION *(Complete and attach appropriate documentation)*

MORTUARY DATA

12. REMAINS RECEIVED AT MORTUARY		13. EMBALMING STARTED		14. EMBALMING COMPLETED	
DATE *(YYMMDD)*	HOUR	DATE *(YYMMDD)*	HOUR	DATE *(YYMMDD)*	HOUR

15. EXPLAIN ANY DELAY IN RECOVERY, AUTOPSY, PREPARATION, INSPECTION OR SHIPMENT OF REMAINS

16. TYPE OF CASE ☐ NOT AUTOPSIED ☐ AUTOPSIED ☐ MUTILATED ☐ VIEWABLE ☐ NON-VIEWABLE ☐ VIEWING QUESTIONABLE ☐ OTHER *(Specify)*

EMBALMING TREATMENT AND RESULTS

17a. ARTERIES INJECTED	R	L	ARTERIES *(Con't)*	R	L	b. VEINS DRAINED	R	L
CAROTID			ILIAC			JUGULAR		
SUBCLAVIAN			FEMORAL			AXILLARY		
AXILLARY			RADIAL			ILIAC		
BRACHIAL			ULNAR			FEMORAL		

c. FLUID DILUTIONS		
Index of concentrated arterial fluid		
Index of concentrated cavity fluid		
Preinjection fluid:	oz.	gal.
1st Injection	oz.	gal.
2nd Injection	oz.	gal.
3rd Injection	oz.	gal.
4th Injection	oz.	gal.

d. HARDENING COMPOUND USED *(lbs)*

e. DRAINAGE ☐ CONTINUOUS ☐ INTERMITTENT ☐ RESTRICTED

18. AREAS HYPODERMICALLY EMBALMED

f. Total concentrated fluid used (oz.)

Arterial:	Preinjection:
Cavity:	Humectant:
Other:	

19. PARTS RECEIVING POOR CIRCULATION AND HOW TREATED

20. RESTORATION TREATMENT *(Describe, state reason if features not restored)*

21a. TYPED NAME OF PREPARING EMBALMER	b. SIGNATURE	c. LICENSE NUMBER	d. STATE

SHIPMENT DATA

22. SHIPPING PROCEDURES COMPLETED ☐ YES ☐ NO *(Explain)* ☐ UNIFORM FURNISHED ☐ CIVILIAN CLOTHING ☐ INCOMPLETE UNIFORM/CLOTHING ☐ NO UNIFORM/CLOTHING FURNISHED

23. METHOD OF SHIPMENT ☐ AIR ☐ WATER ☐ OVERLAND

24. TYPE OF CASKET USED *(When applicable)*

25. TRANSFER CASE NUMBER

26. SEAL NUMBER *(When applicable)*

27. DATE SHIPPED FROM PREPARING MORTUARY

28. PORT OF ENTRY OR PLACE OF FINAL DESTINATION *(If other than US Port of Entry)*

29. DATE OF DEPARTURE FROM OR RELEASE IN COMMAND

30. CHECK ONE IF RELEASED IN COMMAND *(Remains will be fully dressed and cosmetized)* ☐ PRIVATE COMMERCIAL SHIPMENT ☐ LOCAL INTERMENT *(Indicate City, Town and Country in Item 28)*

REIMBURSEMENT DATA

31. TOTAL AMOUNT OF REIMBURSEMENT

32. NAME OF SPONSOR

33. DATE REIMBURSEMENT EFFECTED *(Or action taken to obtain reimbursement)*

34a. TYPED NAME OF MORTUARY OFFICER *(Or other responsible person)*

b. SIGNATURE