

DISPOSITION OF ORGANS RETAINED FOR EXTENDED EXAMINATION

DATA REQUIRED BY THE PRIVACY ACT OF 1974

NAME OF DECEASED	RANK OF DECEASED	SSN
TYPED OR PRINTED NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		RELATIONSHIP

I, the undersigned, understand that the _____ has/have been retained
(organ/organs)

by the Armed Forces Medical Examiners system for the purpose of extended examination to determine the cause and manner of death IAW 10 USC 1471.

Upon completion of the additional studies, which can take up to six months, I elect the following option by placing my initials next to the option of my choice:

_____ I do not want to be notified and I authorized the Armed Forces Medical
Initials Examiners System to make proper disposition.

_____ I would like to be notified when examination is complete and given the
Initials opportunity to decide the disposition of above-mentioned organ(s) for disposition.

_____ I want the organ(s) sent to the following funeral home:
Initials

Name of Funeral Facility

Address

Phone Number

AUTHORIZATION OF PADD AND WITNESS SIGNATURE

TYPED OR PRINTED NAME OF PADD	SIGNATURE OF PADD	DATE
TYPED OR PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS	DATE