

RECORD OF PREPARATION AND DISPOSITION OF REMAINS <i>(OUTSIDE CONUS)</i>				REPORT NUMBER		Reports Control Symbol							
1. THRU: <i>(Recipient(s) & Address Authorized Distribution)</i>			2. TO: <i>(Recipient(s) & Address Authorized Distribution)</i>			3. FROM:							
DECEDENT DATA													
4. REMAINS OF <i>(Last Name, First, MI)</i>					5. GRADE/RANK		6. SSN						
7. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> OTHER <i>(Specify):</i>													
8. CAUSE OF DEATH					9. PLACE OF DEATH								
10. DATE OF DEATH <i>(YYMMDD)</i>			11. MEANS OF IDENTIFICATION <i>(Complete and attach appropriate documentation)</i>										
MORTUARY DATA													
12. REMAINS RECEIVED AT MORTUARY			13. EMBALMING STARTED			14. EMBALMING COMPLETED							
DATE <i>(YYMMDD)</i>		HOUR	DATE <i>(YYMMDD)</i>		HOUR	DATE <i>(YYMMDD)</i>	HOUR						
15. EXPLAIN ANY DELAY IN RECOVERY, AUTOPSY, PREPARATION, INSPECTION OR SHIPMENT OF REMAINS													
16. TYPE OF CASE <input type="checkbox"/> NOT AUTOPSIED <input type="checkbox"/> AUTOPSIED <input type="checkbox"/> MUTILATED <input type="checkbox"/> VIEWABLE <input type="checkbox"/> NON-VIEWABLE <input type="checkbox"/> VIEWING QUESTIONABLE <input type="checkbox"/> OTHER <i>(Specify)</i>													
EMBALMING TREATMENT AND RESULTS													
17a. ARTERIES INJECTED		R	L	ARTERIES <i>(Con't)</i>		R	L	b. VEINS DRAINED		R	L	c. FLUID DILUTIONS	
CAROTID				ILIAC				JUGULAR				Index of concentrated arterial fluid	
SUBCLAVIAN				FEMORAL				AXILLARY				Index of concentrated cavity fluid	
AXILLARY				RADIAL				ILIAC				Preinjection fluid: oz. gal.	
BRACHIAL				ULNAR				FEMORAL				1st Injection oz. gal.	
												2nd Injection oz. gal.	
												3rd Injection oz. gal.	
												4th Injection oz. gal.	
d. HARDENING COMPOUND USED <i>(lbs)</i>		e. DRAINAGE		<input type="checkbox"/> CONTINUOUS								3rd Injection oz. gal.	
		<input type="checkbox"/> INTERMITTENT		<input type="checkbox"/> RESTRICTED								4th Injection oz. gal.	
18. AREAS HYPODERMICALLY EMBALMED										f. Total concentrated fluid used (oz.)			
										Arterial:		Preinjection:	
19. PARTS RECEIVING POOR CIRCULATION AND HOW TREATED										Cavity:		Humectant:	
										Other:			
20. RESTORATION TREATMENT <i>(Describe, state reason if features not restored)</i>													
21a. TYPED NAME OF PREPARING EMBALMER				b. SIGNATURE				c. LICENSE NUMBER		d. STATE			
SHIPMENT DATA													
22. SHIPPING PROCEDURES COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Explain)</i> <input type="checkbox"/> UNIFORM FURNISHED <input type="checkbox"/> CIVILIAN CLOTHING <input type="checkbox"/> INCOMPLETE UNIFORM/CLOTHING <input type="checkbox"/> NO UNIFORM/CLOTHING FURNISHED						23. METHOD OF SHIPMENT <input type="checkbox"/> AIR <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND							
24. TYPE OF CASKET USED <i>(When applicable)</i>				25. TRANSFER CASE NUMBER		26. SEAL NUMBER <i>(When applicable)</i>							
27. DATE SHIPPED FROM PREPARING MORTUARY				28. PORT OF ENTRY OR PLACE OF FINAL DESTINATION <i>(If other than US Port of Entry)</i>									
29. DATE OF DEPARTURE FROM OR RELEASE IN COMMAND				30. CHECK ONE IF RELEASED IN COMMAND <input type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT <i>(Remains will be fully dressed and cosmetized)</i> <input type="checkbox"/> LOCAL INTERMENT <i>(Indicate City, Town and Country in Item 28)</i>									
REIMBURSEMENT DATA													
31. TOTAL AMOUNT OF REIMBURSEMENT				32. NAME OF SPONSOR									
33. DATE REIMBURSEMENT EFFECTED <i>(Or action taken to obtain reimbursement)</i>													
34a. TYPED NAME OF MORTUARY OFFICER <i>(Or other responsible person)</i>					b. SIGNATURE								

35. PORT OF ENTRY			36. DATE RECEIVED AT PORT OF ENTRY (YYMMDD)				
37. REMARKS OF PROCESSING EMBALMER AT POE (Cite deficiencies, recommendations for corrective action, and/or favorable comments as condition of remains)							
38. CASKET	a. <input type="checkbox"/> STANDARD	b. <input type="checkbox"/> OVERSIZE	c. NAME OF MANUFACTURER				
39. CONTRACTOR'S CERTIFICATION (As applicable) I certify that the supplies and services furnished meet the terms and specifications of the contract; and the remains and supplies should be in a satisfactory condition at final destination.							
a. TYPED NAME OF PORT CONTRACT FUNERAL DIRECTOR		b. SIGNATURE		c. LICENSE NO.	d. STATE		
40. CHECK APPROPRIATE BLOCKS FOR ITEMS LISTED BELOW. IF BLOCKS CHECKED INDICATE AN IRREGULARITY, GIVE REASONS FOR SUCH IN BLOCK 37.					YES	NO	N/A
a. Condition of remains upon receipt at port							
	(1)	Condition of transfer case or shipping container and casket satisfactory					
	(2)	Remains properly wrapped					
	(3)	Clothing, decorations and pertinent documents complete					
	(4)	Remains bathed to present a clean appearance					
	(5)	Face shaven; moustache, if any, and hair protruding from ears and nose trimmed					
	(6)	Facial features and hands arranged to present a natural appearance					
	(7)	Fingernails clean and trimmed					
	(8)	All orifices, abrasions, mutilations and incisions sealed to prevent drainage and leakage					
	(9)	Remains adequately preserved and disinfected					
	(10)	Identification tags with remains					
b. Reprocessing of remains at port							
	(1)	Cosmetics applied to present a natural appearance of hands and face					
	(2)	Eyelashes, eyebrows and hair free from cosmetics					
	(3)	Hair styled (for female personnel)					
	(4)	Restorative work appears natural					
	(5)	Proper underclothing placed on remains					
	(6)	Entire uniform clean, pressed and satisfactory in appearance and fit					
	(7)	Epaulet ends under collar, tie in place, buttons and belt properly fastened and decorations correctly placed					
	(8)	Remains present an appearance of repose in casket					
	(9)	Clearance between head and end of casket adequate					
	(10)	Non-viewable remains properly wrapped and secured in position					
	(11)	Uniform placed over non-viewable wrapped remains					
	(12)	Recommend that family be allowed to view remains					
	(13)	Casket meets specifications; interior and exterior are clean and unmarred					
	(14)	Casket properly closed and/or sealed					
	(15)	Shipping container					
41a. <input type="checkbox"/> I CERTIFY THAT THE REMAINS WERE INSPECTED AFTER REPROCESSING			b. <input type="checkbox"/> AFTER REMAINS WERE CLOTHED AND PLACED IN THE CASKET				
c. TYPED NAME		d. GRADE	e. INSTALLATION OR DEPARTMENT REPRESENTATIVE				
f. SIGNATURE				g. DATE (YYMMDD)			
42. DATE SHIPPED TO CONSIGNEE (YYMMDD)							
43. REMARKS (Indicate item reference number, when applicable)							