



# REQUEST FOR DISINTERMENT

**PRIVACY ACT NOTICE:** The information requested is required to authorize disinterment of remains from a national cemetery under Chapter 24, Title 38, United States Code. The information may be disclosed outside VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974. The disinterment will not be permitted unless the data or a court order is submitted.

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average ten 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. This form, when completed in accordance with VA disinterment regulations, will permit VA to authorize disinterment. This form is approved under OMB No. 2900-0365. VA may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. SEND COMMENTS ONLY. Please do not send applications for benefits to this address.

TO:

I hereby request authority for the disinterment of the remains of my

\_\_\_\_\_,  
(Relationship of deceased) (Name and rank of deceased)

from the \_\_\_\_\_ National Cemetery, I understand tht the expenses of the disinterment cannot be borne by the Government.

This disinterment is requested for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On Page 2 of this form is (are) affidavit(s) from all living immediate family members (must include the person who initiated the interment, if living, even if not a member of the immediate family).

I hereby certify that the individuals shown on Page 2 of this form constitute all the living immediate family members of the deceased as follows: Surviving spouse (whether or not remarried), all adult children of the decedent, appointed guardian(s) of minor children, the appointed guardian of the surviving spouse or of the adult child(ren) of the decedent. In the absence of a surviving spouse and children, the decedent's parents will be considered "immediate family members."

Witness my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

[SEAL] \_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_



# DISINTERMENT AFFIDAVIT

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TO WHOM IT MAY CONCERN:

I (we) the undersigned hereby signify my (our) agreement to the disinterment of the remains of

\_\_\_\_\_ from the \_\_\_\_\_  
\_\_\_\_\_ National Cemetery.

**SIGNATURE**

**RELATIONSHIP  
TO DECEASED**

**ADDRESS**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

[SEAL]

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_