INTERMENT/DISINTERMENT REGISTER

1. DATE *(YYYYMMDD)*	2. PAGE OF PAGES

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).
PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.
DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

3. UNIT OPERATING INTERMENT/DISINTERMENT SITE	4. LOCATION OF INTERMENT/DISINTERMENT SITE *(Include grid coordinates)*

5. PROCESSING NUMBER	6. TENTATIVELY IDENTIFIED DECEDENT *(If unidentified, so state)*					7. UNIT DELIVERING REMAINS	8. DATE RECEIVED *(YYYYMMDD)*	9. DATE OF INTERMENT/ DISINTERMENT *(YYYYMMDD)*	10. INTER/DISINTER LOCATION	
	a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. SSN	d. BRANCH OF SERVICE	e. ORGANIZATION				a. ROW	b. SPACE