## BURIAL-AT-SEA REQUEST/AUTHORIZATION FORM

(please ensure items in **bold** are filled in)

To Whom It May Concern:				
This is to certify that I:	/Full Name of Daywoods	, 8	ım the perso	n having the
legal right to direct the dispositio	•			
(Full Name of Deceased)	(SSN)	(Service)	(Rank)	(Status)
I respectfully submit my request	for Burial-At-Sea a	and authorize the	committal to	sea of the
Remains / Cremains from a	Naval Vessel.			
The dates of military service were	e from:	until:	, a	s confirmed
in the attached documentation.				
Death occurred on:	_, in:(City a	and State)	The cause	e of death is
If possible, I request the selected	d religious service	be provided durir	ng the comm	ttal service:
Catholic / Protestant / Je	ewish / Other	(Please Specify)		
I understand, that it is my respor	nsibility to pay all	expenses for the	remains, to i	nclude:
preparation and casketing, or cre	emation and inurnr	ment, plus deliver	y, to the sele	ected port of
embarkation. In the case of cask	keted remains, I u	nderstand I must	engage a re	ceiving funeral
home in the area of the port, to p	prepare the casket	t for committal at	sea.	
	AUTHORIZAT	TION CERTIFICA	<u>ATION</u>	
(Signature of Request	ter)		(Sigr	nature of Witness)
(Printed Name of Reque	ster)		(Printe	ed Name of Witness)
(Complete Address)	<del></del>		(Co	mplete Address)
(Phone Number)			(F	Phone Number)