

REQUEST/AUTHORIZATION FORM
BURIAL AT SEA PROGRAM

Burial-at-Sea is a means of final disposition of remains, which is performed from United States Coast Guard Cutters. The burial ceremony is performed while the ship is deployed. As a result, family members are not allowed to be present. The commanding officer of the cutter assigned to perform the ceremony will notify the family of the date, time, longitude and latitude, once the burial has been completed. **(Please ensure items in bold are filled in)**

To Whom It May Concern:

This is to certify that I: _____, **am the person having the**
(Full Name of Requester)

legal right to direct the disposition of the cremains of my:

_____, _____, _____, _____, _____, _____
(Relationship) (Full Name of Deceased) (SSN) (Service) (Rank) (Status)

I respectfully submit my request for Burial-At-Sea and authorize the committal to sea of the remains from a Coast Guard Cutter.

Death occurred on: _____, **in:** _____. **The cause of death is**
(Date) (City and State)

listed on the death certificate.

If possible, I request the selected religious service be provided during the committal service:

Catholic / Protestant / Jewish / Other (Please Specify) _____

I understand, that it is my responsibility to pay all expenses for the cremains, including cremation and inurnment, plus delivery, to the selected port of embarkation.

AUTHORIZATION CERTIFICATION

The dates of military service were from: _____ **until:** _____, **as confirmed in the attached documentation.**

(Signature of Requester)

(Printed Name of Requester)

(Complete Address)

(Phone Number)

(Signature of Witness)

(Printed Name of Witness)

(Complete Address)

(Phone Number)