

AGREEMENT FOR BURIAL
(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

AUTHORITY: 10 U.S.C. 1481 through 1488 and ED 9397

PRINCIPAL PURPOSE: Agreement for burial. SSAN used for positive identify cation.

ROUTINE USE: Agreement for burial is submitted to the Superintendent of the Government Cemetery concerned as his authority to inter remains of a bona fide dependent.

DISCLOSURE IS VOLUNTARY: Failure to furnish information solicited, interment of remains in Conferment Cemetery will tee dented

This agreement made this _____ day of _____

by _____, witnesseth
Name of Service-Connected Individual

Whereas, the basis for eligibility of a nonservice-connected dependent for interment in a Government Cemetery is based on the relationship(Spouse, Son, Daughter) to the service-connected individual and his/her intention to eventually be buried in the same grave.

Whereas, in effecting the interment of the remains of my eligible dependent in a Government Cemetery, and in executing this agreement, I am electing to be buried in the same Government Cemetery as my dependent to the exclusion of all other Government Cemeteries, and

Whereas, it is my desire to have the remains of my dependent interred in a Government Cemetery, and

Whereas, it is my everlasting desire and intent to be interred in the same grave.

Now, therefore, in consideration of the interment of the remains of my _____
Relationship

_____, in _____
Name of Dependent

_____ Government Cemetery, I agree:

1. That my remains shall be buried in the same grave.

2. That should I become ineligible for burial in a Government Cemetery or should I subsequently decide that my remains are not to be interred in the same grave as that in which the remains of my dependent are interred, or should this agreement become unenforceable for any reason, I win have the remains of my said dependent removed from the Government Cemetery without cost to the Government.

3. That if after my demise, my next of kin, executors and administrators should for any reason, other than an official Armed Forces determination of non recoverability of my remains, not have my remains interred in the same grave as that of my said dependent or if this agreement becomes unenforceable for any reason, my next of kin, executors and administrators are hereby directed to have the remains of my said dependent removed from the Government Cemetery without cost to the Government.

I declare that the desires expressed herein are my everlasting wishes, and I direct my executors and administrators to fulfill the aforementioned requests and desires and to see that my remains are permanently interred in the same grave as my said dependent in the above named Government Cemetery.

In witness whereof I have hereunto set my hand and seal the day and year first above written.

ORGANIZATION	GRADE	SSAN AND SERVICE NO.
PRESENT ADDRESS		
PRINT NAME	SIGNATURE	
IN THE PRESENCE OF		
1. NAME	2. NAME	
ADDRESS	ADDRESS	

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