**REQUEST TO DISPERSE CREMAINS**

**ABOARD MARINE CORPS INSTALLATION NATIONAL CAPITAL REGION-MARINE CORPS BASE**

1) Name of Person making the Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to the Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name of the Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Deceased was ever a member of the Armed Services, provide the following information:

Retired \_\_\_\_\_\_ Active Duty \_\_\_\_\_\_ Reserve \_\_\_\_\_\_ Veteran \_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_

USMC \_\_\_\_\_\_ USN \_\_\_\_\_\_ USA \_\_\_\_\_\_ USAF \_\_\_\_\_\_ USCG \_\_\_\_\_\_

If the Deceased was a spouse or dependent child of a sponsoring veteran (as defined by the

Federal Benefits for Veterans, Dependents and Survivors Handbook, Updated edition,

Chapter 7), state the relationship. \_\_\_\_\_\_\_\_\_\_\_\_ DD Form 214 Verified: \_\_\_\_\_\_\_\_\_

(Please provide/bring a copy for verification)

3) A Chaplain may be available to officiate at a dispersal ceremony. Civilian clergy are also welcome.

Is a Chaplain requested for a dispersal ceremony? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Desired date of dispersal ceremony: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

4) Location: Adjacent to Marine Museum Chapel \_\_\_\_\_\_ (Please call (703) 649-2350 to make a reservation)

Harrison Cemetery on MCINCR-MCBQ \_\_\_\_\_\_ (Please call (703) 784-2518)

FOR OFFICE USE ONLY

a) Date and time of receipt of this request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Is a copy of the Death Certificate attached? Yes \_\_\_\_\_ No \_\_\_\_\_

c) Is a Copy of the Proof of honorable discharge from the Armed forces attached? Yes \_\_\_ No \_\_\_\_

d) Does the former service member (deceased or sponsor) meet all applicable criteria? Yes \_\_\_ No \_\_\_

e) Reviewed by the Office of Counsel: Date: \_\_\_\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f) Approved by the Command Chaplain: Date: \_\_\_\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g) Chaplain assigned to dispersal ceremony: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h) Date Point of Contact notified of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosure (1)

MCINCR-MCBQO 5360.2A

**CREMAINS SITE PLACARD**

Human Cremains Memorial Site

Please be respectful of this area which serves as the final resting place for Marines and others who have requested that their ashes be dispersed here.

We honor their memory, service, and support of our country.

Semper Fidelis