

WEST POINT POST CEMETERY
West Point NY 10996

STATEMENT OF ELIGIBILITY, COMPLIANCE & TRANSFER OF CUSTODY

NAME OF DECEDENT:

DATE OF BIRTH:

DATE OF DEATH:

I, the undersigned, understand that the statuses listed below are in order of precedence and attest that there is no other living person to my knowledge with a higher precedence than the one I indicated, and that I am the person authorized to direct disposition (PADD) for the above named decedent by virtue of being his/her:

- SPOUSE
- PADD DESIGNATED ON DD FORM 93 (ACTIVE DUTY DEATHS)
- ELDEST LIVING CHILD
- ELDEST LIVING PARENT
- COURT ORDERED LEGAL CUSTODIAN
- ELDEST LIVING SIBLING
- ELDEST LIVING GRANDPARENT

I certify that the decedent listed above is eligible for interment/inurnment at West Point Cemetery in accordance with AR 210-26 Appendix C, and that I must provide proof of eligibility prior to the scheduling of services. Furthermore, I certify that the decedent was never convicted or found to have committed a capital crime as referenced in 38 USC 2411(b).

I understand that interment/inurnment in West Point Cemetery implies my agreement to comply with all West Point Cemetery rules and regulations to include future eligibility for interment/inurnment, floral policy, and private monument restrictions.

If decedent is cremated, I further attest that 100% of the complete cremated remains must be transferred to West Point Cemetery with no intent to retain partial cremated remains for scattering, interment/inurnment elsewhere, or retention for other purposes.

I make the following declaration in accordance with 28 U.S.C. §1746. I am aware this declaration is the legal equivalent of a statement under oath. I declare under penalty of perjury that I have carefully read this declaration, that the contents of this declaration are true and correct to the best of my knowledge, and I have signed this declaration of my own voluntary act.

PRIMARY NEXT OF KIN OR PADD (PRINT NAME):

SIGNATURE:

DATE SIGNED:

----- **THIS SECTION FOR OFFICE USE ONLY** -----

TRANSFER OF POSSESSION OF REMAINS: The person authorized to direct disposition or contractual funeral director thereof, hereby transfers possession of the remains of the decedent named above to West Point Cemetery for final disposition.

CONTAINER TYPE: Labeled and verified. Condition:

RECEIVED FROM: DATE:

RECEIVED BY: (MAO SIGNATURE) DATE:

RECEIVED BY: (V/E SIGNATURE) DATE:

DISPOSITION: