

Acknowledgment of Receipt of AFMES Frequently Asked Questions Document

DATA REQUIRED BY THE PRIVACY ACT OF 1974

NAME OF DECEASED	RANK OF DECEASED	SSN OF DECEASED
TYPED/PRINTED NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) OR NEXT OF KIN (NOK)		RELATIONSHIP

I, the undersigned, do hereby acknowledge receipt of the Armed Forces Medical Examiner System (AFMES) Frequently Asked Questions About Medical-Legal Examinations document. I understand that should I have any questions about medical-legal investigations or my loved one's autopsy, I may obtain additional information via the AFMES website at www.afmes.mil or I may contact the AFMES directly via the contact information provided on the cover sheet and page 4.



ARMED FORCES MEDICAL EXAMINER SYSTEM

www.afmes.mil

Main Office
(302) 346-8648

Office of the Armed Forces Medical Examiner
usarmy.dover.medcom-afmes.mbx.operations@mail.mil

24 hours a day, 7 days a week

PADD ACKNOWLEDGMENT SIGNATURE

TYPED/PRINTED NAME OF PADD or NOK	SIGNATURE OF PADD or NOK	DATE
-----------------------------------	--------------------------	------