

## NAVAL MEDICAL CENTER PORTSMOUTH, VA BURIAL AT SEA PROGRAM

**BURIAL AT SEA** is a means of final disposition which is performed on United States Naval vessels. The committal ceremony is performed while the ship is deployed therefore **family members are not allowed to be present**. The Commanding Officer of the ship assigned to perform the ceremony will make notification to the family of the date, time, latitude and longitude, once the committal service has been completed and the ship returns to its home port.

**ELIGIBILITY:** Individuals eligible for this program are: (1) active duty members of the uniformed services; (2) retirees and veterans who were honorably discharged; (3) U.S. civilian marine personnel of the Military Sealift Command; and (4) spouses of active duty personnel, retirees and veterans of the uniformed services. (5) Other family members are considered on a case-by-case basis.

**HOW TO GET STARTED:** After the death of the individual, for whom the request for Burial-at-Sea is being made, the Person Authorized to Direct Disposition (PADD) may complete the enclosed the Burial-at-Sea Request Form. Supporting documents which must accompany this request are: (1) a photocopy of the death certificate; (2) the burial transit permit or the cremation certificate; and (3) a copy of the DD Form 214, discharge certificate, or retirement order. **Documents will not be accepted without the deceased cremains/remains on hand.**

**BURIAL FLAG:** A Burial Flag is **not required** for committal services performed aboard United States Naval vessels. However the PADD may wish to send a flag with the cremains to be used during the committal service. Following the services at sea, the flag will be returned to the PADD. The ship will not provide a flag.

**CREMATED REMAINS:** Cremains must be in a **biodegradable bag** and a **water soluble** (such as wood, sand, cardboard, or salt) **or metal urn**, to prevent spillage in shipping. **WE WILL NOT ACCEPT PLASTIC CONTAINERS.** The cremains, along with the completed **ORIGINAL Burial-at-Sea Request Form, and with copies of the death certificate, DD 214 and Certificate of Cremation, and Marriage Certificate (For Dependent Spouses)**, the burial flag (**not required**) will be forwarded to the Burial-at-Sea Coordinator at the desired port of embarkation (listed below). Prior to shipment, it is recommended that a phone call be made informing the coordinator of the pending request. The cremains package **MUST BE SENT PRIORITY MAIL EXPRESS Service**, FEDX and UPS can also be used.

**INTACT REMAINS (Casketed):** Specific guidelines are required for the preparation of casketed remains. All expenses incurred in this process are the responsibility of the PADD, who will select a funeral home in the area of the port of embarkation. After this selection has been made and notification has been provided to the coordinator, the casketed remains. All supporting documents, and the burial flag (required) are to be forwarded to the receiving funeral home. The coordinator will make the inspection and complete the checklist for the preparation of the casketed remains. It is recommended that funeral homes responsible for preparing and shipping intact remains, contact the Burial at Sea Coordinator in Portsmouth, Virginia to receive the preparation requirements.

### PORTS OF EMBARKATION / COORDINATORS

**NORFOLK, VA**  
Commanding Officer  
Naval Medical Center  
ATTN: Code 09OA00  
620 John Paul Jones Cir.  
Portsmouth, VA 23708-5100  
Phone: (757) 953-2617/2618  
Fax: 757 953-3064

**JACKSONVILLE, FL**  
Branch Medical Clinic  
Burial at Sea Coordinator  
2104 Massey Ave  
Naval Station Mayport, FL 32228  
Phone: (904) 270-4213

**SAN DIEGO, CA**  
Naval Medical Center  
Decedent Affairs Code: BUB  
34800 Bob Wilson Drive  
San Diego, CA 92134-5000  
Phone: (800) 290-7410

**BREMERTON, WA**  
Commanding Officer  
Naval Hospital Bremerton  
Code: 015-BAS/HP01 Boone Road  
Bremerton, WA 98312-1898  
Phone: (360) 475-4392

**HONOLULU, HI**  
Navy Liaison Unit  
Tripler Army Medical Center  
Tripler AMC, HI 96859-5000  
Phone: (808) 433-6611

**BURIAL AT SEA REQUEST / AUTHORIZATION**

**To Whom It May Concern:**

**NAME OF DECEASED:** \_\_\_\_\_  
(Full Name of Deceased)

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

**legal right to direct disposition of the:** Remains / Cremains of **my:** \_\_\_\_\_,  
(Relationship)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Full Name of Deceased) (Service) (Rank) (Status-Vet, Ret, etc.)

**I respectfully submit my request for Burial-At-Sea and authorize the committal to sea of the**  
Remains / Cremains **from a Naval vessel.**

**Death occurred on:** \_\_\_\_\_, **in:** \_\_\_\_\_. **The Cause of death is listed on the death**  
**certificate.** (Date) (City and State)

**If possible, I request the selected religious service be provided during the committal service:**  
Catholic / Protestant / Jewish / Other (Please specify) \_\_\_\_\_

**For other than current active duty personnel, I understand that it is my responsibility to pay all expenses for the**  
**remains, to include: Preservation of remains and casketing, or cremation and inurnment, plus delivery, to the**  
**selected port of embarkation. In the case of casketed remains, I understand I must engage a receiving funeral**  
**home in the area of the port, to prepare the casket for committal at sea.**

**SPECIAL REQUESTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required documentation to accompany the Burial at Sea Request/Authorization Form, (1) photocopy of Death**  
**Certificate, (2) copy of the DD Form 214, Discharge Certificate or Retirement Orders and (3) Cremation**  
**Certificate or Burial Transit Permit (Please make sure to write legibly or this form will not be accepted).**

**AUTHORIZATION CERTIFICATION**

\_\_\_\_\_  
(Signature of Requestor)

\_\_\_\_\_  
(Printed Name of Requestor)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Printed Name of Witness)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone Number)

Email: \_\_\_\_\_