OMB Control No. 2900-0365
Respondent Burden: 10 minutes
Expiration Date: 05/31/2029

VA U.S. Department of Veterans Affairs

REQUEST FOR DISINTERMENT

PRIVACY ACT NOTICE: The information requested is required to authorize disinterment of remains from a national cemetery under Chapter 24, Title 38, United States Code. The information may be disclosed outside VA as permitted by law, or as stated in the VA system of records, 42VA41, which have been published in the Federal Register in accordance with the Privacy Act of 1974. The disinterment will not be permitted unless the data or a court order is submitted.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0365, and it expires 05/31/2029. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0365 in any correspondence. Do not send your completed VA Form 40-4970 to this email address.

TO:

I hereby request authority for the disinterment of the remains of my _____ ,
(Relationship of deceased)

_____ from _____
(Name and rank of deceased) *(Name of National Cemetery)*

National Cemetery, I understand that the expenses of the disinterment cannot be borne by the Government.

This disinterment is requested for the following reason:

On Page 2 of this form is (are) affidavit(s) from the individual who initiated the interment (must be included even if not a family member of the immediate family) and all living immediate family members. If the individual who initiated the interment does not consent or is not alive to provide consent, or all living immediate family members are not in agreement with the disinterment, the individual(s) seeking disinterment of an eligible decedent must obtain a court order or State instrumentality of competent jurisdiction to direct the disinterment.

I hereby certify that the individuals shown on Page 2 of this form constitute the individual who initiated the interment (even if not a member of the immediate family) and all living immediate family members of the deceased as follows: Surviving spouse (whether or not remarried), all adult children of the decedent, appointed guardian(s) of minor children, the appointed guardian of the surviving spouse or of the adult child(ren) of the decedent. In the absence of a surviving spouse and children, the decedent's parents will be considered "immediate family members."

PENALTY: If a person provides a false certification of VA Form 40-4970, he or she could be subject to penalties, which include fine or imprisonment, or both. VA will consider and review such situations on a case-by-case basis before determining whether action, such as referral to law enforcement authorities, is warranted.

Witness my signature this _____ day of _____ , 20 _____
(Day) *(Month)* *(Year)*

_____
(Signature)

Sworn to and subscribed before me this _____ day of _____ , 20 _____
(Day) *(Month)* *(Year)*

[SEAL]

_____
(Notary Public)

My commission expires _____
(Date) (MM/DD/YYYY)

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DISINTERMENT AFFIDAVIT

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TO WHOM IT MAY CONCERN:

I (we) the undersigned hereby signify my (our) agreement to the disinterment of the remains of _____
(Name of deceased)

from _____ National Cemetery.
(Name of National Cemetery)

SIGNATURE *(Sign in ink)*	**RELATIONSHIP TO DECEASED**	**ADDRESS**

Sworn to and subscribed before me this _____ day of _____, 20 _____
(Day) *(Month)* *(Year)*

[SEAL]

_____
(Notary Public)

My commission expires _____
(Date) (MM/DD/YYYY)