

Based on Army Regulation 290-5

Disinterment of remains

a. Each request for disinterment of Native American remains from Carlisle Barracks Post Cemetery will be addressed to the Executive Director of the Office of Army Cemeteries for approval. The request will include the following documents:

- (1) Notarized affidavit by the closest living relative of the decedent requesting the disinterment. This document includes the reason for the proposed disinterment.
- (2) A sworn statement by a person knowing that the person who supplied the affidavit is the closest living relative of the deceased.

Samples of affidavits are shown in Figures 2-1, 2-2.

Figure 2-1: This form is to be completed and signed by the closest living relative of the deceased

To: Executive Director, Office of Army Cemeteries, Arlington National Cemetery, Arlington, VA 22211

I hereby request the disinterment of the remains of my _____
[insert relationship to your ancestor; *example: Great Aunt*] from Carlisle Barracks Post Cemetery. I understand that Army National Military Cemeteries has pledged to honor this request at no personal cost to myself.

The decision that the remains of the decedent be interred at Carlisle Barracks was made by an ancestor and the administrators of the Carlisle Indian Industrial School. Due to the passage of time, all those involved in making that decision are deceased.

This disinterment is requested because _____
[insert reason(s) that disinterment is desired; *example: Carlisle Barracks is too distant from my ancestor's homeland for me to visit and leave offerings at the gravesite*].

I hereby certify that I am the closest living relative of the late [insert name of the deceased].

Signed on this _____ [date].

[name and signature of closest living relative]

Sworn to and subscribed before me on this _____ [date]

[name and signature of Notary Public]

Notary Public

My commission expires _____ [date]

[Seal]

Figure 2-2: This form is to be completed and signed by someone who knows the family or by another family member. The person who signs this form must be someone other than the requestor.

To WHOM IT MAY CONCERN:

I, _____ [insert full name], hereby signify that
_____ [insert name of relative requesting disinterment]
is the closest known living relative of _____ [name of the deceased].

Signature

Printed Name

Address

Sworn to and subscribed before me on this _____ [date].

[name and signature of Notary Public]

Notary Public

My commission expires _____ [date].

[Seal]