

## ACKNOWLEDGMENT OF RECEIPT OF ARMED FORCES MEDICAL EXAMINER SYSTEM 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 (FAQ) About Medicolegal Examinations document. I understand that should I have any questions about medicolegal investigations or my loved one's autopsy, I may obtain additional information via the AFMES website at <https://dha.mil/AFMES> or I may contact AFMES directly via the contact information provided on the cover sheet and page 4.

ARMED FORCES MEDICAL EXAMINER SYSTEM

<https://dha.mil/AFMES> Main

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(302) 346-8648

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24 hours a day, 7 days a week

### PADD/NOK ACKNOWLEDGMENT SIGNATURE

TYPED/PRINTED NAME OF PADD OR NOK:	SIGNATURE OF PADD OR NOK:	DATE:
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