APPLICATION FOR SUPPLEMENTAL BURIAL ALLOWANCE

(Under Article 17, Section 354-B, Consolidated Laws of New York)

IMPORTANT: ***Answer all questions to avoid delays in processing of application. Type or print all information. Attach all required supporting documentation.***

INFORMATION REGARDNG DECEASED MILITARY MEMBER (DECEDENT)

First, Middle Last Name of Deceased Military Member (Decedent)	Home of record of decedent:	
Social Security Number of Decedent	Date of Birth of Decedent:	Are you claiming cause of death was due to service? Yes ☐ No ☐
Date Entered Service:	Place Entered Service:	
Branch of Service:	Rank or Grade:	Service Number:
Date of Death:	Location of Death:	

INFORMATION REGARDING CLAIMANT

First, Middle, Last Name of Claimant:	Relationship to Decedent:
Mailing Address of Claimant *(Number and Street, or Rural Route, or PO Box, City, State and Zip Code)*	Telephone Number (Include Area Code) (Home) (Work)

CLAIM FOR SUPPLEMENTAL BURIAL ALLOWANCE

Name and Address of Funeral Home responsible for burial preparation:		
Place of burial or location of cremains:		
Total expense of funeral, burial, transportation, burial plot: $		
Whose funds were used?	Amount paid: $	
Has person whose funds were used been reimbursed fully or partially? Yes ☐ No ☐	Source:	Amount: $
Total expenses submitted (statements attached) $	Federal burial allowance received $	
Expenses borne by claimant $	Supplemental Burial Allowance claimed $	

I CERTIFY THAT *the foregoing statements made by claimant are correct to the best of my knowledge and belief.*

_____ Signature of person filing claim

_____ Name of person filing claim (Please type or print)