

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 REGARDING 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 <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	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)

Mail completed forms to:
NYS Division of Veterans' Affairs, 2 Empire State Plaza - 17th Floor, Albany, NY 12223