



IMPORTANT: Please fill-in every field in this application to avoid delays in the processing of your application. Applicants may type information into the fields, or print this form and fill-out the application by hand. Attach all required supporting documentation.

For assistance in completing this form, contact the Division of Veterans' Affairs helpline at: 1.888.838.7697, or by email at DVASupplementalBurialAllowance@veterans.ny.gov.

SECTION 1: INFORMATION REGARDING DECEASED MILITARY MEMBER (DECEDENT)

First, Middle, Last Name

Social Security Number of Decedent

Date of Birth

Date of Death (attach death certificate or casualty report)

Location of Death

Are you claiming cause of death was due to service? Yes

No

Date Entered Service

Place Entered Service

SECTION 2: INFORMATION REGARDING CLAIMANT

First, Middle, Last Name

Relationship to Decedent (attach proof)

Mailing Address of Claimant

Telephone (include area code)

Home

Work



SECTION 3: CLAIM FOR SUPPLEMENTAL BURIAL ALLOWANCE

Name & Address of Funeral Home Responsible for Burial Preparation

Place of Burial or Location of Cremains

Total Expense of Funeral, Burial, Transportation, Burial Plot (attach statement from funeral home)

\$ _____

Whose funds were used?

Amount Paid

\$ _____

Has the person whose funds were used been fully reimbursed or partially?

Yes No

If yes, identify source of reimbursement

Amount of Reimbursement

\$ _____

Total Expenses Submitted

Federal Burial Allowance Received

\$ _____

\$ _____

Expenses Borne by Claimant

Supplemental Burial Allowance Claimed

\$ _____

\$ _____

Signature of Person Filing Claim

Type or Print Name of Person Filing Claim

Date of Application



SUBMISSION INSTRUCTIONS:

Mail or email your completed and signed Supplemental Burial Allowance, with all required supporting documentation.

By MAIL to:

New York State Division of
Veterans' Affairs Attn.
Supplemental Burial Allowance
2 Empire State Plaza, 17th
Floor Albany, NY 12223

By EMAIL to (print, scan and attach signed application and supporting documentation): DVASupplementalBurialAllowance@veterans.ny.gov
Subject Line "Supplemental Burial Allowance Application"

REQUIRED DOCUMENTATION:

Please check to ensure that copies of the following required documentation is attached with your application:

One document proving the servicemembers combat-related death (such as a casualty report from the military, a death certificate listing cause of death, etc.

One document proving EITHER: (1) The servicemember was a resident of New York State at the time of his/her death, or (2) The servicemember was a member of the New York Army National Guard or New York Air National Guard at the time when he/she entered active duty status, during which period of service he or she died.

**** NOTE:** Documents to prove proof of residence include, but are not limited to, a New York State driver's license or non-driver ID card; a voter registration notification card; a current utility bill (such as water, electricity, trash collection, cable TV, etc.) listing the applicant's name and address; a residential lease issued within one year of the current date; a property tax or school tax bill or receipt for the year in which the servicemember passed away; a federal or New York State income tax or earning statement; or any other official document showing the servicemember's status as a New York State resident. ******



Application for
Supplemental Burial Allowance

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

- Document(s) showing the amount of money that the Burial Allowance applicant paid for the funeral and/or interment costs of the servicemember.
- One document showing proof of the applicant's family relationship to the servicemember.
- Document(s) showing how much money, if any, the U.S. Department of Veterans Affairs paid the applicant or other family members to assist in covering the funeral and interment expenses.

Supplemental Burial Allowance of up to \$6,000 is authorized for certain military personnel killed in combat or while on active duty in hostile/imminent danger locations on or after September 29, 2003.

The supplemental burial allowance provides a maximum of \$6000 payment to defray funeral and burial expenses for members of the armed forces who were residents of NYS and who were receiving special pay for duty subject to hostile fire or imminent danger at the time of their death.

Who is eligible?

The burial allowance will be paid to the family member responsible for funeral and burial expenses.

Recipients eligible for reimbursement are, in order of priority:

1. Surviving spouse or domestic partner of qualified decedent
2. Adult children of qualified decedent
3. Parents of qualified decedent
4. Any other relative of qualified decedent

What documentation is required?

1. Proof of Death (casualty report, death certificate)
2. Proof of decedent's NYS residency
3. Proof of relationship to decedent (marriage certificate, birth certificate)
4. Statement of account from funeral home (showing name of decedent, nature and cost of all services rendered and any unpaid balance)
5. Copy of receipted bills
6. Completed application for any allowance granted by federal government

Is there a time limit to apply for this allowance?

Yes. Applications must be received within two years of permanent burial or cremation of the body.

Submit completed applications to:

NYS Division of Veterans' Affairs

c/o Finance Unit

#2 Empire State Plaza

Albany, NY 12223

For Additional Information Contact