



Division of Veterans' Services

APPLICATION FOR INDIGENT BURIAL REIMBURSEMENT

Please fill in every field in this application to avoid any processing delays.

Please attach all required supporting documentation.

*Please send the completed form and copies of all supporting documentation
to:*

***NYS Division of Veterans' Services
2 Empire State Plaza, Floor 17,
Albany, N.Y. 12223 ,***

*or e-mail the completed form and copies of all supporting documentation to
IndBurialReimbursements@veterans.ny.gov*

*For assistance in completing this form, please contact the Division of
Veterans' Services helpline at **1.888.838.7697** .*

SECTION 1: INFORMATION REGARDING DECEASED VETERAN (DECEDENT)

First, Middle, Last Name:

Date of Birth (if known):

Date of Death (if known):

Social Security Number (if known):

Location of Interment:

SECTION 2: INFORMATION REGARDING CLAIMANT AGENCY

Name of Veterans Service Organization:

Name of Point of Contact at Veterans Service Organization:

Agency Mailing Address:

Agency Telephone Number:

Agency E-Mail Address:

SECTION 3: INFORMATION PROVING DECEDENT'S INDIGENT STATUS

Decedent's Source(s) of Income/Monthly Amount:

Available Cash At Time Of Death:

Bank Name/Account Number:

Social Security Death Benefit:

Did Decedent Own Real Estate? Yes No

If Yes, please describe the nature and location of the real estate:

Will non-responsible family members and/or friends contribute funds toward the funeral and/or interment?

If Yes, please list the total dollar amount of each contribution.

SECTION 4: REQUIRED DOCUMENTATION

Please ensure that ALL of the following are submitted with your application:

_____ One document proving the decedent's status as a Veteran (such as the decedent's Department of Defense Form 214 or other discharge paperwork).

_____ Certificate of Death issued in the county in which the Veteran died.

_____ One document verifying that the claimant Veterans Service Organization received a request from the county (or the City of New York) in which the Veteran died asking the Veterans Service Organization to engage the services of a funeral firm to conduct the funeral and interment services.

_____ Invoice(s) verifying the amount of money that the claimant Veterans Service Organization paid for the funeral and/or interment costs of the Veteran and the date of the service. (**NOTE:** Total reimbursement, pursuant to Chapter 579 of the Laws of 2015/ Chapter 29 of the Laws of 2016, shall not exceed \$2,000 per interment).

_____ Document(s) verifying how much money was reimbursed to the claimant Veterans Service Organization under Section 141 of the Social Services Law, under any burial benefits program of the United States Department of Veterans Affairs, or under any other state or federal program, **OR** a notarized statement affirming that no expenses of this funeral and interment have been previously reimbursed by any state or federal program.

SECTION FIVE: AFFIRMATION

I swear or affirm that all of the information given on this application is true and correct to the best of my knowledge, information, and belief. I understand that by signing this application form, I (and the Veterans Service Organization that I represent) do consent to any investigation conducted by New York State to verify or substantiate the information that I have provided.

Signature

Print Name

Date Of Application