



**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 **Department of Veterans' Services** hotline at: **1.888.838.7697**, or by email at [DVSSupplementalBurialAllowance@veterans.ny.gov](mailto:DVSSupplementalBurialAllowance@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 Department of Veterans' Services

Attn: Supplemental Burial Allowance

2 Empire State Plaza, 17<sup>th</sup> Floor

Albany, NY 12223

By EMAIL to (print, scan and attach signed application and supporting documentation): [DVSSupplementalBurialAllowance@veterans.ny.gov](mailto:DVSSupplementalBurialAllowance@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.\*\*



- 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.