

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any form will be furnished to all claimants by the employing agency. For death of a deceased was employed at time of death.

Example: Payee of Funeral Bill

Part A.

1. Name(s) and social security number(s) of claimant(s) Robert Johnson 123-45-6789	2. Relationship to deceased Friend Paid funeral expense	3. If minor, state age 4. Is designation of beneficiary for unpaid compensation on file with service? <u>?</u> (Yes or No) 5. Are you named beneficiary? <u>?</u> (Yes or No)
6. Claimant(s) State of Legal Residence Florida	7. Name, rank or rating, service number, and social security number of decedent MSGT Jack Smith USMC 987-65-4321	8. Date of Death 6/30/2010 9. Name of Service USMC 10. Decedent's domicile Florida

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? N/A

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
- (a) Widow or widower.
 - (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
 - (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
 - (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

Name and Social Security Number	Age	Relationship to Deceased	Address
No Spouse			
No Children			
No Estate			
No Next of Kin			
Robert Johnson	70	Friend	123 Main St Sunnyside FL 55555

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed N/A of the estate of the deceased, as evidenced by certificate of appointment herewith, administration having been taken out in the interest of

N/A

(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE. -- If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? NO
(Yes or No)

DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT
FILL IN PART E. ALL OTHER MUST.

Part E

Have the funeral expenses been paid? Yes (If paid, receipted bill of the undertaker must be attached hereto.)
(Yes or No)

Whose money was used to pay the funeral expenses? Robert Johnson

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith.

[Signature]
(Signature of claimant)

6/30/10
(Date)

(Signature of claimant) (Date)

123 Main St
(Street address)

(Street address)

Sunnyside FL 55555 Phone (555) 555-5555
(City, State, and ZIP code)

(City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above Robert Johnson and that the signature(s) of the claimant(s) was (were) affixed in our presence.
(Name(s) of claimant(s))

[Signature]
(Signature of witness)

[Signature]
(Signature of witness)

123 Main St Apt C
(Street address)

123 Main St Apt D
(Street address)

Capitol, FL 44444
(City, State, and ZIP code)

Capitol, FL 44444
(City, State, and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.