

**CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES**

General Inform  
the employing &  
death.

**Example: Designated Beneficiary (Not Estate or Trust)**

to all claimants by  
oyed at time of

**Part A.**

<p>1. Name(s) and social security number(s) of claimant(s) John J. Smith Jr. 123-45-6789</p>	<p>2. Relationship to deceased Son</p>	<p>3. If minor, state age N/A</p>
<p>6. Claimant(s) State of Legal Residence Ohio</p>	<p>7. Name, rank or rating, service number, and social security number of decedent MSGT John J. Smith Sr USMC 987-65-4321</p>	<p>4. Is designation of beneficiary for unpaid compensation on file with service? Yes (Yes or No)</p>
		<p>5. Are you named beneficiary? Yes (Yes or No)</p>
		<p>8. Date of Death 6/30/2010</p>
		<p>9. Name of Service USMC</p>
		<p>10. Decedent's domicile California</p>

**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? \_\_\_\_\_

**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:
- Widow or widower.
  - 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.
  - 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.
  - 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

(Continued on other side)

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  
(Executor or administrator)  
certificate of appointment herewith, administration having been taken out in the interest of

(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? N/A  
(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? N/A (If paid, receipted bill of the undertaker must be attached hereto.)  
(Yes or No)

Whose money was used to pay the funeral expenses? N/A

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.

John J Smith Jr 6/30/10  
(Signature of claimant) (Date) (Signature of claimant) (Date)

123 Main St. Apt B  
(Street address) (Street address)

Capitol, OH 44444 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 John J Smith Jr. and that  
(Name(s) of claimant(s))  
the signature(s) of the claimant(s) was (were) affixed in our presence.

DAVID WATKINS David Watkins Barb Johnson  
(Signature of witness) (Signature of witness)

123 Main St Apt C 123 Main St Apt D  
(Street address) (Street address)

Capitol, OH 44444 Capitol, OH 44444  
(City, State, and ZIP code) (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.