

<b>REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES</b> <i>(Read Privacy Act Statement on back before completing form.)</i>		OMB No. 0704-0030 OMB approval expires: 20220630
<p>The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p><b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.</b></p>		
<b>PART I - TO BE COMPLETED BY MILITARY AUTHORITIES</b>		
<b>1. MILITARY ACTIVITY PREPARING THIS FORM</b>	<b>2. MILITARY ACTIVITY FORM IS TO BE MAILED TO FOR PAYMENT</b>	
a. NAME	a. NAME	
b. ADDRESS <i>(Street, City, State and ZIP Code)</i>	b. ADDRESS <i>(Street, City, State and ZIP Code)</i>	
<b>3. NAME OF DECEDENT</b> <i>(Last, First, Middle Initial)</i>	<b>4. PAY GRADE/RANK</b>	<b>5. SERVICE NUMBER/SSN</b>
<b>6. PLACE OF DEATH</b> <i>(City, State, Country)</i>		<b>7. DATE OF DEATH</b> <i>(YYYYMMDD)</i>
<b>8. NAME OF CLAIMANT</b> <i>(Last, First, Middle Initial)</i>		<b>9. RELATIONSHIP</b>
<b>10. FUNERAL HOME AND/OR NATIONAL CEMETERY</b>		
a. NAME	b. ADDRESS <i>(Street, City, State and ZIP Code)</i>	
<b>11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH</b>		
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Enter name of contracting activity)</i>		
<b>PART II - TO BE COMPLETED BY CLAIMANT</b> <i>(Proper completion will expedite settlement.)</i>		
a. Complete Items 12 and 13.	c. Complete Item 17, when cost of shipment of remains is claimed in Item 15 or as Item 16.	
b. Complete either Item 14, 15, or 16. <i>(Do not complete more than one.)</i>	d. Attach copies of bills for all amounts claimed.	
	e. Mail completed form to addressee shown in Item 2.	
<b>12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION</b>		
a. NAME	b. ADDRESS <i>(Street, City, State and ZIP Code)</i>	<b>13. DATE OF INTERMENT</b> <i>(YYYYMMDD)</i>
<b>14. INTERMENT COSTS</b> <i>(To be completed when claimant arranged for interment only.)</i> Enter total amount paid or incurred for one or more of the following: Cost of single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service.		<b>AMOUNT CLAIMED</b> \$
<b>15. FUNERAL ARRANGEMENT</b> <i>(To be completed when claimant made all arrangements.)</i> Enter total amount paid or incurred for one or more of the following: Casket, preservation (embalming) and related services, cremation and urn, clothing for deceased, cost for interment (single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service), and shipment of remains (removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery).		<b>AMOUNT CLAIMED</b> \$
<b>16. SHIPPING COSTS OF REMAINS</b> <i>(To be completed when claimant paid or incurred cost for shipment of remains.)</i> Enter total amount paid or incurred for one or more of the following: Removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery.		<b>AMOUNT CLAIMED</b> \$
<b>17. SHIPMENT OF REMAINS</b> <i>(Complete when shipping costs claimed.)</i>		
a. SHIPPED FROM <i>(City and State)</i>	b. SHIPPED TO <i>(City and State)</i>	c. MODE OF SHIPMENT <i>(X one)</i> <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE
<b>18. STATEMENT OF CLAIMANT:</b> I have paid or incurred expenses in the amounts entered in Items 14, 15, and/or 16. I desire that the amount allowable by the Government be paid to:		
a. NAME OF PAYEE <i>(Print or type)</i>		b. TAXPAYER ID NUMBER OR SSN
c. ADDRESS OF PAYEE <i>(Street, City, State and ZIP Code)</i>	d. SIGNATURE OF CLAIMANT	e. DATE SIGNED

## PRIVACY ACT STATEMENT

**AUTHORITIES:** 10 USC 1481 through 1488, Death Benefits; DoDD 1300.22, Mortuary Affairs Policy; DoDI 1300.18, Department of Defense (DoD) Personnel Casualty Matters, Policies, and Procedures; and E.O. 9397 (SSN), as amended.

**PURPOSE:** To record amount of funeral and/or interment expenses incurred by next of kin.

**ROUTINE USES:** Information from these records may be disclosed to the Department of Veterans Affairs, and other Federal agencies in connection with eligibility, notification and assistance in obtaining benefits due. If deceased has no spouse, children, representative of minor children, or an executor or personal representative named in the deceased's will, then information from these records may be released to the primary next of kin (PNOK), family member(s) of the injured or deceased DoD personnel to aid in the settlement of the member's estate. Additional routine uses may be found in the applicable system of records notice, A0600-8-1c AHRC DoD, Defense Casualty Information Processing System (DCIPS) (<https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahrc-dod/>).

**NOTE:** This system of records contains individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

**DISCLOSURE:** Voluntary; however, if not furnished, claim cannot be paid.