



### **Public Burden Statement**

We estimate that it will take an average of 2 minutes to complete this information collection including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding these estimates or any other aspect of this information collection, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Division of Longshore and Harbor Workers' Compensation, Room C4315, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

This form is used to collect information relating to the payment of death benefits. The information provided will be used to determine entitlement to death benefits. Persons are not required to respond to the collection of information unless it displays a currently valid OMB Control Number.