

REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES

OMB No. 0704-0030
OMB approval expires:
XXXXXXXX

The public reporting burden for this collection of information is estimated to average 10 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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.

PART I - TO BE COMPLETED BY MILITARY AUTHORITIES

1. MILITARY ACTIVITY PREPARING THIS FORM
2. MILITARY ACTIVITY FORM IS TO BE MAILED TO FOR PAYMENT
a. NAME
b. ADDRESS
3. NAME OF DECEDENT
4. PAY GRADE/RANK
5. SERVICE NUMBER/SSN
6. PLACE OF DEATH
7. DATE OF DEATH
8. NAME OF CLAIMANT
9. RELATIONSHIP

10. FUNERAL HOME AND/OR NATIONAL CEMETERY
a. NAME
b. ADDRESS
NEEDS DD 67

11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH
NO YES

PART II - TO BE COMPLETED BY CLAIMANT

12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION
a. NAME
b. ADDRESS
13. DATE OF INTERMENT

14. INTERMENT COSTS
15. FUNERAL ARRANGEMENT COSTS
AMOUNT CLAIMED

16. SHIPPING COSTS OF REMAINS
AMOUNT CLAIMED

17. SHIPMENT OF REMAINS
a. SHIPPED FROM
b. SHIPPED TO
c. MODE OF SHIPMENT
AIR HEARSE

18. STATEMENT OF CLAIMANT:
a. NAME OF PAYEE
b. TAXPAYER ID NUMBER OR SSN

c. ADDRESS OF PAYEE
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://dpcl.d.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.

N E E D S D D 6 7