

Address

\_\_\_\_\_  
(date)

Defense Finance and Accounting Service  
DFAS-Cleveland Center  
Special Claims Branch (Code FMAA)  
Cleveland, OH 44199-2058

I have not received the Basic Housing Allowance (BAH) payment entitlement for my deceased spouse, (rate, name, Social Security Number), USN, (deceased).

Request payment of BAH be mailed to the following address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Requestor: \_\_\_\_\_  
(signature)

\_\_\_\_\_

(printed name)

\_\_\_\_\_

(relationship to the deceased)