

<b>REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES</b>		OMB No. 0704-0030 OMB approval expires: 20220630 A
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.		
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.</b>		
<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		b. ADDRESS
<b>3. NAME OF DECEDENT</b>	<b>4. PAY GRADE/RANK</b>	<b>5. SERVICE NUMBER/SSN</b>
<b>6. PLACE OF DEATH</b>	<b>7. DATE OF DEATH</b>	
<b>8. NAME OF CLAIMANT</b>	<b>9. RELATIONSHIP</b>	
<b>10. FUNERAL HOME AND/OR NATIONAL CEMETERY</b>		
a. NAME		
<b>11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH</b>		
<input type="checkbox"/> NO <input type="checkbox"/> YES		
<b>PART II - TO BE COMPLETED BY CLAIMANT</b>		
12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION a. NAME      b. ADDRESS		13. DATE OF INTERMENT
14. INTERMENT COSTS		AMOUNT CLAIMED
15. FUNERAL ARRANGEMENT COSTS		AMOUNT CLAIMED
16. SHIPPING COSTS OF REMAINS		AMOUNT CLAIMED
<b>17. SHIPMENT OF REMAINS</b>		
a. SHIPPED FROM	b. SHIPPED TO	c. MODE OF SHIPMENT
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.