CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

Part A.

1. Name(s) and social security number(s) of claimant(s)	2. Relationship to deceased	3. If minor, state age
		4. Is designation of beneficiary for unpaid compensation on file with service? _____ (Yes or No)
		5. Are you named beneficiary? _____ (Yes or No)
6. Claimant(s) State of Legal Residence	7. Name, rank or rating, service number, and social security number of decedent	8. Date of Death
		9. Name of Service
		10. Decedent's domicile

Part B (To be completed by the widow of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? _____

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
   (a) Widow or widower.
   (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after names which class) or the descendants of deceased children.
   (c) If not widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether nature, step, foster, or adoptive parent.
   (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters)

Name and Social Security Number	Age	Relationship to Deceased	Address

(Continued on other side)

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statements should be:

I/we have been duly appointed _____ of the estate of the deceased, as evidence, as evidenced by
(Executor or administrator)

certificate of appointment herewith, administration having been taken out in the interest of

_____
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE, --If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be: _____
(Yes or No)

DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT FILL IN PART E. ALL OTHER MUST.

Part E

Have the funeral expenses been paid: _____ (If paid, receipted bill of the undertaker must be attached hereto.)
(Yes or No)

Whose money was used to pay the funeral expenses: _____

FINES, PENALTIES, and FORFEITERS are imposed by law for the making of false or fraudulent claims against the United States or making of false statements in connection therewith.

(Signature of claimant)	(Date)	(Signature of claimant)	(Date)
(Street address)		(Street address)	
(City, State and ZIP code)		(City, State and ZIP code)	

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the _____ and that
(Name(s) of claimant)

the signature(s) of the claimant(s) was (were) affixed in our presence.

(Signature of witness)	(Signature of witness)
(Street address)	(Street address)
(City, State and ZIP code)	(City, State and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowance should accompany this claim.