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.							
Name(s) and social security number(s) of claimant(s)	Relationship to deceased	3. If minor, state age					
		4. Is designation of beneficiary for unpaid compensation on file with service?					
		(Yes or No)					
		Are you named beneficiary?					
		(Yes or No)					
6. Claimant(s) State of Legal Residence	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 or widower 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 their names which class) or the descendants of deceased children.
 - (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, 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, descendants of deceased brothers and sisters).

Name and Social Security Number	Age	Relationship to Deceased	Address

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should							
	I/we have been duly appointed		of the estate of the deceased, 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 administ must be submitted.	rator of the estate of the decease	ed, no witnesses are required, but a court certificate evide	encing your appointment			
2.	If no administrator or executor has been appointed, will one be appointed? (Yes or No)						
	DESIGNATED BENEFICIARY, SURV	/IVING SPOUSE, CHILDRE FILL IN PART E. ALL	N, PARENTS, OR LEGAL REPRESENTATIVE OTHER MUST.	S DO NOT			
Pa	rt E						
Ha	ve the funeral expenses been paid? (Ye	(If paid, receipt	ted bill of the undertaker must be attached h	nereto.)			
W	hose money was used to pay the funeral of	expenses?					
		-	by law for the making of false or fraudulent 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 AI	re required				
W	e certify that we are well acquainted with	the above		and that			
th	e signature(s) of the claimant(s) was (were	e) affixed in our presence	(Name(s) of claimant(s)) .				
	(Signature of witness)		(Signature of witness)				
	(Street address)		(Street address)				
	(City, State, and ZIP code)		(City, State, and ZIP code)				