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)	2. Relationship to deceased	3. If minor, state age
		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	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 he 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)	

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1.	If none of the above survives and an ex	ecutor or administrator	has been appointed, the following states	nents should be	
	I/we have been duly appointed	(Executor or administrator)	of the estate of the deceased, as e	vidence, as evidenced by	
) certificate of appointment herewith, administ		out in the interest of		
		(Name address and relatio	nship of interested relative or creditor)		
			,		
	and such appointment is still in full force an				
	NOTE,If making claim as the executor or admini appointment must be submitted.	istrator of the estate of the de	ceased, no witnesses are required, but a court ce	rtificate evidencing your	
2.	If no administrator or executor has been ap		/es or No)		
_	DESIGNATED BENEFICIARY, SURVIV	/ING SPOUSE, CHILD	PREN, PARENTS, OR LEGAL REPRE	SENTATIVES DO NOT	
		FILL IN PART E. A	LL OTHER MUST.		
Par	t E				
Hav	e the funeral expenses been paid (Yes	or No) (If paid, recei	pted bill of the undertaker must be attached	hereto.)	
Who	ose money was used to pay the funeral expe	enses			
	(Signature of claimant)	(Date)	(Signature of claimant)	(Date)	
	(Street address)		(Street address)		
(City, State and ZIP code)		(City, State and ZIP code)			
		TWO WITNESSES	S ARE REQUIRED		
	We certify that we are well acquainted with t	the	(1) (1) (1)	and that	
	the signature(s) of the claimant(s) was (were) affixed in our pres	(Name(s) of claimant) sence.		
	(Signature of witness)	(Signature of w	tness)	
	(Street address)		(Street addre	ess)	
	(City, State and ZIP cod	e)	(Citv. State and ZI	P 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.