

Veterans Burial Allowance Insurance Claim Form

Veteran Information

Full Name

Social Security Number

Date of Birth

Date of Death

Address

Branch of Service

Service Number

Claimant Information

Full Name

Relation to Veteran

Address

Phone Number

Email

Burial Information

Place of Burial

Date of Burial

Funeral Home Name

Funeral Home Address

Insurance Details

Policy Number

Insurance Company

Amount Claimed

Certification & Signature

Certification Statement

Signature

Date