

<b>CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT</b> <i>(Act August 1, 1956, 70 Stat 857, and regulations pursuant thereto)</i>			1. BUREAU VOUCHER NO.	2. D.O. VOUCHER NO.
3. APPROPRIATION SYMBOL AND TITLE			4. PAID BY	
THE UNITED STATES, DR. TO:	5. NAME AND ADDRESS OF PAYEE <i>(Street and Number, City and State)</i>			
FOR	THE SIX MONTHS' GRATUITY PAY AS THE RESULT OF THE DEATH OR PRESUMED DEATH IN ACCORDANCE WITH A FINDING BY THE SECRETARY OF THE SERVICE CONCERNED. THE SIX MONTHS' GRATUITY IS AN AMOUNT EQUAL TO SIX TIMES THE MONTHLY RATE OF MILITARY PAY (EXCLUDING ALLOWANCES) RECEIVED BY THE DECEASED SERVICE MEMBER AT THE TIME OF DEATH, WITH AN \$800 MINIMUM AND A \$3,000 MAXIMUM.			
6. SERVICE PERSON <i>(Last name - First name - Middle initial)</i>		7. SERVICE NUMBER	7A. SOCIAL SECURITY ACCT. NO.	8. GRADE
9. PLACE OF DEATH			10. DATE OF DEATH	11. YEARS SERVICE
12. ADDITIONAL PAY FOR <i>(Identified by type)</i>			13. TOTAL MONTHLY PAY <i>(Including Block 12)</i>	14. DUE PAYEE
15. CERTIFICATE OF PAYEE <i>(Place an "X" in one of the following boxes, according to your relationship to the decedent)</i>				
I CERTIFY THAT I HAVE NOT RECEIVED THE SIX MONTH'S GRATUITY PAY; THAT				
<input type="checkbox"/> (a) I AM <input type="checkbox"/> HIS WIDOW <input type="checkbox"/> HER WIDOWER. <i>(Complete only Block 17a and have Block 17 signed by two certifying witnesses.)</i>				
<input type="checkbox"/> (b) I AM A CHILD OF THE DECEDENT; THAT THERE IS NO WIDOW (widower) SURVIVING; THAT THE CONTENTS OF BLOCK 16 ARE ACCURATE AS SHOWN. <i>(If payee is a minor at time of preparation of this form, Block 17a must be completed by the duly appointed guardian and documentary proof of guardianship furnished. Complete Blocks 16 and 17a and have Block 17 signed by two certifying witnesses.)</i>				
<input type="checkbox"/> (c) I AM THE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER OF THE DECEDENT; THAT THERE IS NO WIDOW (widower), OR CHILD SURVIVING. <i>(Complete Blocks 16 and 17a and have Block 17 signed by two certifying witnesses.)</i>				
16. LIST CHILDREN OF THE DECEDENT <i>(If none, so state. Use reverse side if more space is needed)</i>				
NAME		ADDRESS		
17. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE <i>(Two witnesses are required)</i>				17a. SIGNATURE OF PAYEE <i>(Must be affixed in the presence of two witnesses)</i>
I CERTIFY THAT I AM PERSONALLY WELL ACQUAINTED WITH THE ABOVE-NAMED PAYEE THAT I HAVE READ THE ABOVE STATEMENT WHICH WAS SIGNED IN MY PRESENCE, AND THAT SAID STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
SIGNATURE AND ADDRESS OF 1ST WITNESS		SIGNATURE AND ADDRESS OF 2D WITNESS		ADDRESS OF PAYEE
18. ADMINISTRATIVE STATEMENT				DATE
THE ABOVE-NAMED PAYEE, IS AUTHORIZED TO RECEIVE THE SIX MONTHS' GRATUITY PAY ON ACCOUNT OF THE DEATH OF THE DECEDENT; THAT BROTHER AND/OR SISTER PAYEES HAVE BEEN SO DESIGNATED BY THE DECEDENT IN THOSE CASES WHERE PARENT(S) ALSO SURVIVE AND THAT PAYMENT THEREOF IS APPROVED IN THE AMOUNT OF \$				
PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE			SIGNATURE	
CHECK NUMBER	AMOUNT OF CHECK	DATE OF CHECK		
NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.			TYPED NAME AND TITLE	