

Funeral Arrangements Visit

TRAINING OBJECTIVES

Upon completion of this session you will be able to:

- Identify the kinds of financial assistance available to the next of kin
- Identify several ways CACOs may assist
- Identify primary and secondary funeral expenses
- Identify the services provided by the Decedent Affairs Program
- Identify the personnel needed and procedure for obtaining a military funeral honors ceremony

NOTES

CACO Counseling

- . Primary and Secondary Care
- . CACO Responsibilities
- . Interment Options/Allowances
- . Claim Forms
- . Escort for Remains

Funeral Arrangements



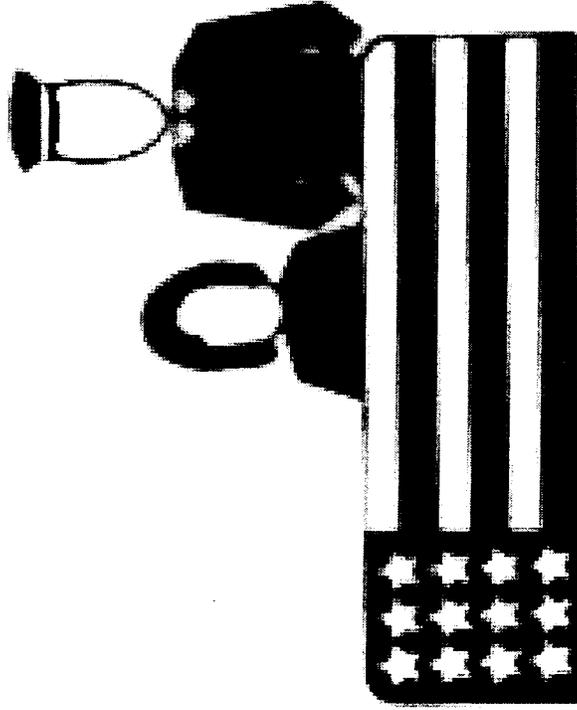
See pages 3-3 to 3-7 for further information.



FUNERAL ARRANGEMENTS

VISIT

to PNOK on second day





Mortuary Affairs Services

- Coordination or Government contract for EMBALMING, PREPARATION and CASKET
- Make all Transportation arrangements for both Escort and Remains
- Briefing of Escorts
- Burial-at-Sea Coordination
Casket and Cremain

DECEDENT AFFAIRS Office NAVMEDCEN Portsmouth

- Decedent Affairs Officer/Coordinator
Mr. Bob Cullingford
757-953-2617/8
FAX 953-3064

- Navy Mortician
HM1 Bill Montague
AFTER HOURS 757-953-5008/10

M M S O - Military Medical Support Office Great Lakes, IL

1-888-647-6676 x 6645 / 6629
FAX 847-688-3964

- After hours ask to speak with Navy Mortician on duty - 24 hours a day
- HMC Alonzo EXT 6645

PRIMARY EXPENSES

Active Duty Navy and Marine Corps Personnel

- **PREPARATION OF THE REMAINS**
Embalming - Cremation
- **URN** for Cremation
- **CASKET**
18 gauge Steel or Solid Hardwood
- **When family arranges preparation and casket:**
\$6,900 (private cemetery), \$5,550
(government cemetery)

SECONDARY EXPENSES

Active Duty Navy and Marine Corps Personnel

- **Private Funeral Home to Private Cemetery**
\$4,325
- **Private Funeral Home to National Cemetery**
\$3,000
- **Contract Funeral Home direct to National Cemetery** \$600
- **Memorial (no remains recovered)**
\$3,000

STATEMENT OF RECOGNITION OF DECEASED

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

1. TENTATIVELY IDENTIFIED DECEDENT

a. NAME <i>(Last, First, Middle Initial) (or Unidentified)</i>	b. RANK	c. SSN
d. ORGANIZATION	e. SERVICE	

2. I HAVE PERSONALLY VIEWED THE REMAINS TENTATIVELY IDENTIFIED ABOVE. RECOGNITION IS BASED ON THE FOLLOWING.

a. SEX	b. APPROXIMATE AGE <i>(Years)</i>	c. APPROXIMATE HEIGHT	d. RACE
e. HAIR COLOR <i>(If brown, indicate light or dark, as applicable)</i>		f. BUILD/MUSCULARITY <i>(Slender, medium, heavy or obese)</i>	

g. IDENTIFYING MARKS *(Fully describe by type and location ALL known scars, tattoos, birthmarks, amputations or other body markings to support the identification.)*

h. REMARKS

3. DETAILS OF VIEWING

a. DATE <i>(YYYYMMDD)</i>	b. TIME	c. PLACE
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4. PERSON MAKING VISUAL IDENTIFICATION

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK	c. SSN
d. ORGANIZATION	e. SIGNATURE	f. DATE SIGNED <i>(YYYYMMDD)</i>
g. RELATIONSHIP TO DECEASED <i>(CDR, ISG, Friend, Relative, etc.)</i>		h. LENGTH OF TIME YOU KNEW DECEASED <i>(Number of months or years)</i>

5. WITNESS

I certify that the individual identified in Item 4 has viewed the remains in my presence, and that to the best of my knowledge and belief the above statements are true.

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK	c. TITLE
d. ORGANIZATION	e. SIGNATURE	f. DATE SIGNED <i>(YYYYMMDD)</i>

Statement of Disposition of Remains

1. Name (Last, First, M.I. of Deceased)	2. Service/Grade	3. SSN (of deceased)
4. Name of Person Authorized to Direct Disposition (PADD)		5. Relationship (to deceased)
6. Address of PADD		

I the undersigned Person Authorized to Direct Disposition (PADD), authorize the release and disposition of remains to be affected as indicated.

OPTION 1	The Navy prepares the remains, dress, casket as directed and TRANSPORT TO THE FUNERAL HOME named below with subsequent INTERMENT IN A CIVILIAN CEMETERY .
INITIALS	Interment expenses not to exceed \$4,325 + transport of remains

OPTION 2	The Navy prepares the remains, dress, casket as directed and TRANSPORT TO THE FUNERAL HOME named below with subsequent INTERMENT IN A GOVERNMENT CEMETERY .
INITIALS	Interment expenses not to exceed \$3,000 + transport of remains

OPTION 3	The Navy prepares the remains, dress, casket as directed and TRANSPORT DIRECTLY TO THE GOVERNMENT CEMETERY named below.
INITIALS	Interment expenses not to exceed \$600 + transport of remains

OPTION 4	I desire the remains to be CREMATED . I certify that I have the legal right to make this authorization and agree that I will hold the U.S. Navy, my agent, harmless against any liability on account of cremation. I also request that the inurned cremated remains be escorted by MILITARY ESCORT to:
INITIALS	*(See reverse side of this form for options for CREMATION)

OPTION 5	I desire to MAKE ALL ARRANGEMENTS . Release remains to the funeral home below. Reimbursement for preparation, dressing, & casketing and all other expenses associated with the interment of the remains not to exceed:
INITIALS	(A) _____ \$6,900 for a burial/entombment in a civilian cemetery, or (B) _____ \$5,550 for interment in a VA or National Cemetery. *Transportation charges of the remains shall not to exceed amount it would have cost the government to transport the remains.

OPTION 6	I HEREBY RELINQUISH MY RIGHTS to the disposition of the remains of my _____. I understand that the right to direct disposition of the remains of _____ will pass to the person named below. I also certify that I have the legal right to make this authorization and release the U.S. Navy, its officers, agents, and employees from any and all liability which may arise from this relinquishment. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD):
INITIALS	

7. MY CHOICE OF CASKET IS: __ METAL __ WOOD	8. MY CHOICE OF URN IS: __ BRONZE __ WOOD
9. TYPED OR PRINTED NAME OF NOK/PADD	10. SIGNATURE OF NOK/PADD Date:
11. TYPED OR PRINTED NAME OF WITNESS	12. SIGNATURE OF WITNESS Date:

The Statement of Disposition of Remains (SDR) form is a written declaration from the Next of Kin (NOK) or Person Authorized to Direct Disposition (PADD) as to their intent, wishes, and directions for Navy Mortuary Affairs (NMA) to follow in the expeditious identification, preparation, and return of remains of their active duty Navy or Marine Corps member.

- ◆ This form is to be presented to the NOK/PADD when discussing death/burial benefits – by either the Casualty Assistance Calls Officer (CACO) or by the Decedent Affairs Officer (DAO).
- ◆ Fill in blocks 1 through 6 completely.
- ◆ The NOK/PADD must select one of the “Options” – Option 1 through 6 – and initial the space under the option number. Additional information regarding Options 1 through 6 is listed below:
 - For Option 1 or 2, write the name, address, and phone number of the funeral home the remains will be shipped to or that will be handling the interment in the space provided to the right of the option block. Also include the name of the cemetery and the city and state of its location.
 - For Option 3, write the name, city, and state of the VA or National Cemetery that the interment will take place.
 - Option 4 is used if the NOK/PADD would like the remains cremated, and the cremains carried by military escort to a designated location.

CREMATION NOTE:

- If the family selects Option 1 and would like to cremate the remains following the funeral service, the cost of the cremation will be covered under Primary Care Expenses. An urn allowance cremains will also be covered under Primary Care Expenses. The inurned cremains may then be returned to the family or interred at a civilian cemetery.
- If the family selects Option 2 and would like to cremate the remains following the funeral service, the cost of the cremation will be covered under Primary Care Expenses. An urn allowance for the cremains will also be covered under Primary Care Expenses. The inurned cremains may then be interred at a VA or National Cemetery.
- For Option 5, the total amount of allowance for casket, preparation, and interment of the remains is provided. The NOK/PADD will initial the space next to their choice of interment. To obtain reimbursement for funeral expenses, the NOK/PADD must complete a DD-Form 1375 and submit original receipts (copies of receipts that have been notarized) to:

Navy Mortuary Affairs
PO Box 886999
Great Lakes, IL 60088-6999
- For Option 6, the NOK/PADD who relinquishes rights of disposition must initial the space below Option 6 and may relinquish to the next legal NOK (i.e. spouse relinquishing rights of disposition to parents of the deceased, etc.) and indicated it in the space provided below the statement. A new Statement of Disposition of Remains form must be filled in with the new PADD's information and selected Option. Both SDR's must be faxed to Navy Mortuary Affairs.

- ◆ Fax the completed form to the Military Medical Support Office, Navy Mortuary Affairs located in Great Lakes, Illinois at (847) 688-3964.

Questions regarding this form may be directed to Military Medical Support Office, Navy Mortuary Affairs, Great Lakes, IL at 1-800-876-1131. A Navy Mortician is available 24 hours a day.

Navy Decedent Affairs Manual
NAVMEDCOMINST 5360.1

BENEFITS

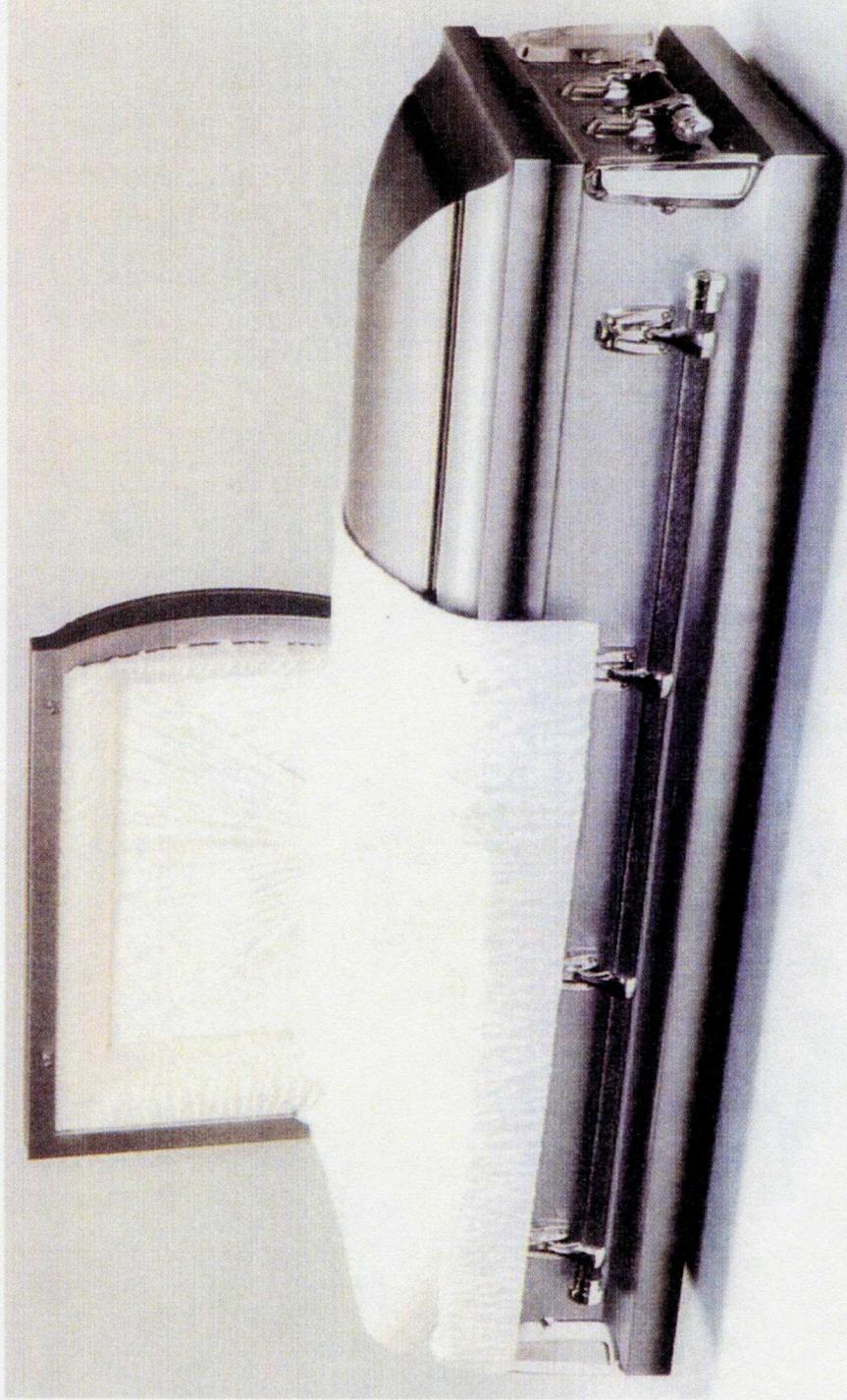
PRIMARY (Body): Paid by annual contract or as negotiated with Headquarters, Navy Mortuary Affairs. The following are some items covered:

- REMOVAL
- EMBALMING
- CASKET
- CLOTHING
- DRESSING
- COSMETIC/RESTORATIVE PROCEDURES
- PERMITS
- AIR TRAY
- TRANSPORTATION (air & auto)
- CREMATION
- URN
- ENGRAVING
- FLAG CASE

SECONDARY (Funeral): Variable according to option selected by the Person Authorized to Direct Disposition. The following are some items covered:

- PROFESSIONAL SERVICES
- FACILITIES
- STAFF
- CHURCH
- LIMOS
- GRATUITIES
- FLOWERS
- OBITUARY NOTICE
- MEMORIAL ITEMS
- GRAVE PLOT
- CEMETERY LABOR
- MARKER
- VAULT/OUTER ENCLOSURE
- COLUMBARIUM

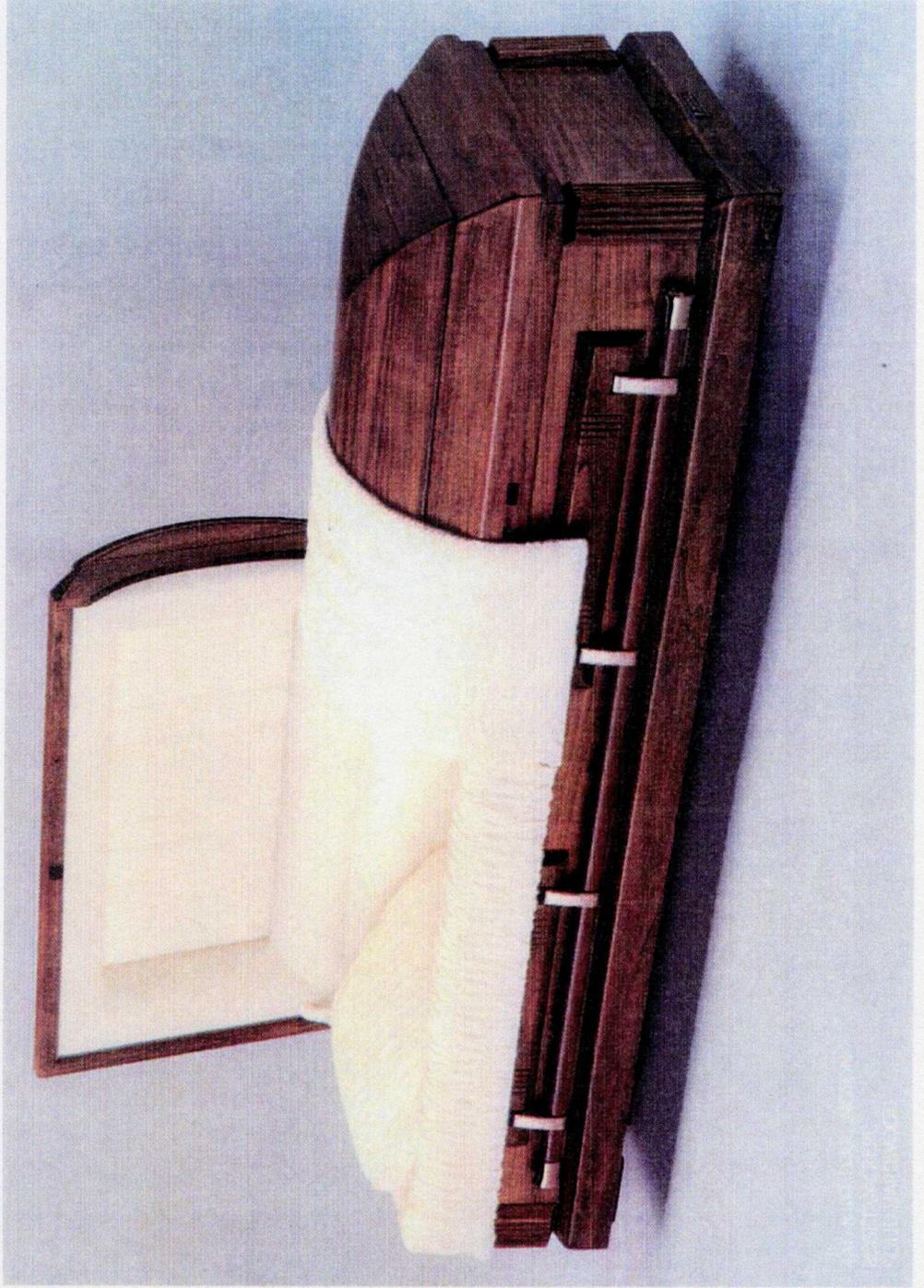
Metal Casket



1010 TROJAN GUNMETAL
303 SILVER MILAN CREPE
18 GAUGE ACCOSEAL

A10-190

Wood Casket



TRANSPORTATION:

The cost of transporting the deceased from the place of death, to the place of final disposition is a covered expense. Not considered Primary or Secondary. Paid above and beyond the amounts listed above.

****NOTE****

Travel for family members is an expense coordinated by the CACO via BUPERS. (BUPERSINST 1770.3)

ESCORTS

Coordination of the Escort is the responsibility of the Decedent Affairs Officer/MTF arranging transport of the remains, in conjunction with the members command.

*OCONUS: Navy Mortuary Affairs must approve all Escorts.

Orders issued by parent command of the Escort citing line of accounting provided by Navy Mortuary Affairs.

Only one (1) Escort is Authorized and funded by Navy Mortuary Affairs. Any other personnel the command wishes to send are considered "Command Representatives", and are to proceed to the place of disposition and await arrival of the Escort and remains. Travel for "Command Representatives" is at the expense of the parent command.

CONSIDERATIONS FOR ESCORT:

- Uniform and Civilian attire
- Travel Card???
- Maturity / Relationship with deceased
- Briefing

ENTITLEMENTS

ACTIVE DUTY: All benefits

FAMILY MEMBERS:

- a. CONUS- Reimbursement of transportation costs.
- b. OCONUS- Primary services (at cost) and transportation.

BURIAL ENTITLEMENT AND ALLOWANCES FOR ACTIVE DUTY PERSONNEL

The Navy pays certain funeral and interment expenses for active duty personnel. The CACO must help with funeral or memorial service arrangements. (A maximum of \$3000 is reimbursable for costs of a memorial service for a member whose remains are not recovered.)

I. FUNERAL EXPENSE DEFINITIONS

Primary Care: The military services annually contract with CONUS mortuaries/funeral homes to provide, at a fixed rate and at no cost to the family, the embalming, dressing, and casketing of remains of active duty members.

Secondary Care: Includes reimbursement for funeral home usage and cost of gravesite, vault, clergy person's services, opening and closing of grave, floral tribute and obituary notices.

II. CACO COUNSELING

- After CACO personally notifies the PNOK of servicemember's death, CACO should ascertain desires of PNOK for acceptance or denial of government contract services for the primary care (not applicable for overseas deaths). PNOK should be encouraged by the CACO to allow the Navy to utilize "Primary Care" contractual arrangements, because it is economically advantageous to the family.
- CACO must obtain signature from PNOK on "Statement of Disposition of Remains" form, whether PNOK accepts or declines government contract for primary expenses. Signed form must be faxed to local Decedent Affairs Office, or Bureau of Medicine and Surgery (Code 3C32), Washington, DC 20372-5120, and Military Medical Support Office (MMSO). The CACO should keep a copy.
- Should the PNOK insist on privately contracting for embalming, dressing and casketing, the CACO must advise the PNOK that a maximum reimbursement of funds is allowed (see "Statement of Disposition of Remains" form, Option 5) regardless of the PNOK's cost.
- CACO must obtain signature from PNOK on Acceptance of Government Contract form, whether PNOK accepts or declines government contract. Signed form must be faxed to local DAO, or Bureau of Medicine and Surgery (Code 3C32), Washington, DC 20372-5120, and Military Medical Support Office (MMSO). The CACO should keep a copy.

NOTE: In a geographic area where no contract exists, a one-time contract can be arranged by the Navy. The CACO may call the Military Medical Support Office (24 hour number), 800-876-1131, commercial 708-688-3950, DSN 792-3950 regarding contractual questions.

III. INTERMENT EXPENSE ALLOWANCES (part of CACO Counseling)

Separate from the initial costs described above, an additional amount for interment expenses is payable by the Navy as follows:

Interment in a private cemetery

A maximum of \$4325 for interment in a private cemetery. Reimbursable expenses include:

- Use of funeral home selected by the PNOK for remains to lie in repose; cost of a single grave space; opening and closing of grave; flowers; contributions to a religious person officiating at service; obituary notices; funeral home rental cars (for family transport) or flower cars; vault; etc.
- When it is necessary to transport remains via hearse from place of death or airport to funeral home, thence to a church or gravesite, the transportation cost is payable, in addition to the \$4325 maximum.

NOTE: When place of death and place of burial are local to the family's permanent residence, transport costs are reimbursable for removal of remains from place of death to a local funeral home and from there to a local cemetery.

Indirect consignment to a government cemetery or burial at sea

A maximum of \$3,000 is authorized when remains are taken to a funeral home prior to interment in a government cemetery or prior to being shipped to a naval activity or ship for burial at sea. Reimbursable expenses include:

- Use of funeral home selected by PNOK for remains to lie in repose, obituary notices, flowers and contributions to religious person officiating at services.
- There are no costs to the PNOK for a gravesite opening/closing grave in a national cemetery or for burial at sea.
- Costs for transporting remains via hearse from place of death or airport to funeral home and to church or gravesite are reimbursable in addition to the \$3,000 maximum.

Direct consignment to a national cemetery or to a ship/port activity for burial at sea

Up to \$600 is authorized when remains are shipped directly from the site where they were initially prepared and casketed to a national or other government cemetery or to a ship for burial at sea (no funeral home involved). Reimbursable expenses include obituary notices, flowers, and contributions to religious person officiating at services.

IV. CACO NOTIFICATION AND REQUIREMENTS

Immediately following the PNOK's decision on desired arrangements:

- If the member dies at sea or overseas, the CACO should immediately convey by message the family's desires to the local DAO or to BUMED, by message addressed to BUMED Washington, DC, or by telephone (202) 653-1345/AUTOVON 294-1345/1-800-842-3668. The nonduty hours number is (202) 653-1327 or AUTOVON 294-1327.
- If the member dies at CONUS, the CACO should immediately convey the family's desires to the local Decedent Affairs Office, or the Military Medical Support Office, (MMSO) Great Lakes, IL 60088-5200. The 24-hour telephone number is 1-800-876-1131, or 1-888-647-6676.

V. CLAIMS

Claims for reimbursement for funeral expenses to be paid directly to the funeral home should be faxed to Military Medical Support Office at 847-688-3964. There is no requirement for a DD-1375; however, an itemized funeral invoice must accompany all claims. If the Navy's allowance is to be paid to the Primary Next of Kin, a DD-1675 must accompany the itemized bill, which should be sent directly or faxed to the Military Medical Support Office, Great Lakes, IL 60088-5200, and the PNOK must indicate so on the itemized bill.

Claims for memorial service (when remains are not recovered) expenses have a maximum of \$3,000. A DD-1375 should be sent directly to or faxed to the Military Medical Support Office, Great Lakes, IL 60088-5200.

The Navy escort accompanying the remains is required to deliver personal items such as jewelry and medals.

- **Social Security Allowances.** Application should be made directly to the local office of the Social Security Administration within two years after date of the member's death. A maximum lump-sum benefit of \$255 is payable when a member had sufficient quarters of coverage to be eligible for Social Security benefits. The benefit is payable in the following order of precedence:
 - To a widow(er) who was living in the same household as the deceased at time of death. Temporary absence or separation because of marital difficulties precludes payment unless the spouse was eligible for or entitled to monthly benefits; if none,
 - To the member's (minor age) children in equal shares.

REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES

Form Approved
OMB No. 0704-0030
Expires Dec 31, 2002

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0030), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488; EO 9397.
PRINCIPAL PURPOSE: To record amount of funeral and/or interment expenses incurred by next of kin.
ROUTINE USES: None.
DISCLOSURE: Disclosure of requested information is voluntary; however, if not furnished, claim cannot be paid.

PART I - TO BE COMPLETED BY MILITARY AUTHORITIES

1. MILITARY ACTIVITY PREPARING THIS FORM		2. MILITARY ACTIVITY FORM IS TO BE MAILED TO FOR PAYMENT	
a. NAME		a. NAME	
b. ADDRESS (Street, City, State and ZIP Code)		b. ADDRESS (Street, City, State and ZIP Code)	
3. NAME OF DECEDENT (Last, First, Middle Initial)	4. PAY GRADE/RANK	5. SERVICE NUMBER/SSN	
6. PLACE OF DEATH (City, State, Country)	7. DATE OF DEATH (YYYYMMDD)		
8. NAME OF CLAIMANT (Last, First, Middle Initial)		9. RELATIONSHIP	
10. FUNERAL HOME AND/OR NATIONAL CEMETERY			
a. NAME		b. ADDRESS (Street, City, State and ZIP Code)	

11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH
 NO YES (Enter name of contracting activity)

PART II - TO BE COMPLETED BY CLAIMANT (Proper completion will expedite settlement.)

a. Complete Items 12 and 13. c. Complete Item 17, when cost of shipment of remains is claimed in Item 15 or as Item 16.
 b. Complete either Item 14, 15, or 16. d. Attach copies of bills for all amounts claimed.
 (Do not complete more than one.) e. Mail completed form to addressee shown in Item 2.

12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION		13. DATE OF INTERMENT (YYYYMMDD)
a. NAME	b. ADDRESS (Street, City, State and ZIP Code)	

14. INTERMENT COSTS (To be completed when claimant arranged for interment only.) Enter total amount paid or incurred for one or more of the following: Cost of single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service.	AMOUNT CLAIMED \$
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15. FUNERAL ARRANGEMENT COSTS (To be completed when claimant made all arrangements.) Enter total amount paid or incurred for one or more of the following: Casket, preservation (embalming) and related services; cremation and urn, clothing for deceased, cost for interment (single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service), and shipment of remains (removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery).	AMOUNT CLAIMED \$
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16. SHIPPING COSTS OF REMAINS (To be completed when claimant paid or incurred cost for shipment of remains.) Enter total amount paid or incurred for one or more of the following: Removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery.	AMOUNT CLAIMED \$
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17. SHIPMENT OF REMAINS (Complete when shipping costs claimed.)

a. SHIPPED FROM (City and State)	b. SHIPPED TO (City and State)	c. MODE OF SHIPMENT (X one)
		<input type="checkbox"/> AIR <input type="checkbox"/> HEARSE

18. STATEMENT OF CLAIMANT: I have paid or incurred expenses in the amounts entered in Items 14, 15, and/or 16. I desire that the amount allowable by the Government be paid to:

a. NAME OF PAYEE (Print or type)	b. TAXPAYER ID NUMBER OR SSN
c. ADDRESS OF PAYEE (Street, City, State and ZIP Code)	d. SIGNATURE OF CLAIMANT
	e. DATE SIGNED

Death Gratuity Payment

- \$ 12,000
- Spouse
- Immediate payment
- CACO Duties

- A fixed amount of \$12,000 can be paid in a lump sum.
- Payment is made to the legal spouse, if none, to the children in equal shares, if none, to the parent(s) if designated on the member's Page 2.
- Payment is usually immediate, although there are some situations where it may be delayed (e.g., legal guardianship of minor children must be established before payment).
- To arrange payment the CACO should:
 - contact local Disbursing Officer and advise him/her of need for payment,
 - contact NPC-621 Casualty Branch or Duty Officer to authorize payment,
 - pick up check from local Disbursing Officer, and
 - deliver check to NOK on Funeral Arrangements Visit or, at latest, one day afterwards
- If immediate payment is necessary but not possible, the CACO should contact the nearest Navy-Marine Corps Relief Society.



Death Gratuity

- Notification of DG payment MSG (3-7-B)
- Form DD397 (3-7-C)
- Guardianship in case of MINOR beneficiaries (3-7-D)

SAMPLE MESSAGE

NOTFICATION OF DEATH GRATUITY PAYMENT

FM (PAYING COMMAND OR CACO RESPONSIBLE COMMAND)
TO COMNAVPERSCOM MILLINGTON TN//PERS 621//
INFO DFAS CENTER CLEVELAND OH//FMCS//
(COMMAND WHERE CACO ASSIGNED IF NOT ORGINATOR)
COMNAVREG MIDLANT NORFOLK VA//N12//

BT

UNCLAS//N0772//

MSGID/GENADMIN/COMMAND'S NAME//

SUBJ/PERSONNEL CASUALTY ICO (NAME OF DECEASED), USN, (SOCIAL
SECURITY NUMBER)//

REF/A/MESSAGE AUTHORIZING DEATH GRATUITY PAYMENT, IF
APPLICABLE)//

POC/(NAME OF POINT OF CONTACT OR ORIGINATING COMMAND)

RMKS/1. IRT REF A, DEATH GRATUITY PMT OF 12000.00 DOLS MADE TO
PNOK (NAME) ON (DATE) UNDER POV NR (NUMBER OF DOCUMENT).

BT

NNN

CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT <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	

CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT <i>(Act August 1, 1956, 70 Stat 857, and regulations pursuant thereto)</i>			1. BUREAU VOUCHER NO.	2. D.O. VOUCHER NO. 15750
3. APPROPRIATION SYMBOL AND TITLE 1771453.2262 000 62600 0 000022 2D 000000 000000071164			4. PAID BY SYM: I8371	
THE UNITED STATES. DR. TO:	5. NAME AND ADDRESS OF PAYEE <i>(Street and Number, City and State)</i> MRS./MR. STREET ADDRESS CITY, STATE, ZIP		PSA NORFOLK VA 68547 PSD YORKTOWN VA DTD: 1/2/97 ACCTS: DFAS-DAO-CL NORFOLK VA SYM: A5245	
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 ET3/4/USN
9. PLACE OF DEATH GUANTANAMO BAY, CUBA		10. DATE OF DEATH 97JAN01		11. YEARS SERVICE 4YRS 08MOS
12. ADDITIONAL PAY FOR <i>(Identified by type)</i> NONE		13. TOTAL MONTHLY PAY <i>(Including Block 12)</i> 1341.60		14. DUE PAYEE \$6000 MAX EN
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 I. C. NOW, MSC(SW) NWS YORKTOWN YORKTOWN, VA 23691		SIGNATURE AND ADDRESS OF 2D WITNESS NAME STREET ADDRESS CITY, STATE, ZIP		ADDRESS OF PAYEE STREET ADDRESS CITY, STATE, ZIP
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 \$ 6000				
PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE			SIGNATURE	
CHECK NUMBER 8371-10379855	AMOUNT OF CHECK \$6,000	DATE OF CHECK 02 JAN 97		
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 I. B. RICH, DKC(SW) USN SR DDO	

Guardianship in the Case of Minor Beneficiaries

If the service member is survived by a child who has not yet reached the age of majority, as established by the laws of the state where the child lives, and who has been designated by the service member as a beneficiary to receive monetary benefits and personal property, a guardian must be appointed to handle the benefits before those benefits can be released to the minor's estate. This must be done even when the child is in the care of a surviving natural or adoptive parent. A guardian is appointed so that the courts may ensure that the child's guardian uses the benefits for the child well being as intended by the deceased service member. The focus in these situations is on the handling of money and property on behalf of the child as opposed to the other issues of raising the deceased service member's child. There are two types of guardianship with which you need to be familiar.

The first is the *natural guardian*. Most states have by law established an amount of money (anywhere from \$3000 to \$10,000) which, if the total benefits to be paid to the child is less than that amount, the natural or adoptive parent may act as a natural guardian. If applicable to your case, your CACO will provide you with an appropriate *Natural Guardian Affidavit*. A sample may be found in Appendix A. Once you complete this form, you must have it notarized for it to be valid. Your CACO will forward it to the Navy Casualty Assistance Branch at the Bureau of Naval Personnel to begin the payment process. If a natural or adoptive parent is granted guardianship, payment may be made to the guardian when all of the following conditions exist:

- A legal guardian has not been appointed.
- The parent has custody of the minor child.
- All state requirements for payment of benefits on behalf of the minor have been met. Your CACO will help you look into those requirements.
- The parent has submitted a notarized Natural Guardian Affidavit which identifies the state law involved and the reason for payment to the parent, and which indicates the parent's understanding of the requirements of the state law.

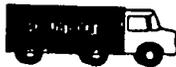
The second type of guardianship is the *legal guardian*. If the amount of benefits is more than the amount specified by the state having jurisdiction over the child, the child's interests must be represented by a court-appointed legal guardian who may also be a natural or adoptive parent. The difference in this case is that the person who is to act in that capacity must petition the state court for appointment as the child's legal guardian. The Navy cannot recommend or engage the services of an attorney to help you establish legal guardianship for a minor's estate. Your CACO will help you contact the nearest military legal service office for information and referral.

Quarters/Housing Entitlement



180 Days Government Housing at No Cost

180 Days BAH Entitlement



One Move at Government Expense

Funeral Arrangements



NOTES

KEY POINTS

If family resides in *government quarters*, the CACO should:

- Apprise dependents of 180 day no cost continued residence in government quarters or entitlement to a quarters allowance is they choose to reside in private quarters
- Notify government housing office of family's intentions
- Apprise NPC-621 of family's intentions and address should they vacate government quarters

If family resides in *other than government quarters*, the CACO should:

- Apprise dependents of 180 BAQ entitlement for private quarters
- Contact NPC-621 to arrange one-time 180 day housing entitlement; immediately apprise NPC-621 of change of address
- Brief family on Defense Finance and Accounting Service payment procedure

Dependents are entitled to a *one-time move*, at government expense, for spouse and child(ren) within one year after member's death.

- Navy will store household belongings until the family is ready to move, up to one year. In some instances more than one move may be allowed.

Other CACO Assistance

- . Other CACOs
- . Decedent Affairs Activities
- . Timing of Funeral
- . National Cemeteries
- . Red Cross
- . Member's Command
- . Travel Entitlements/Escort
- . Funeral Attendance
- . Obituary Notice
- . Forms

_____ Funeral Arrangements



NOTES

See page 3-11 for further information.

WAYS A CACO CAN ASSIST		
	CACP Manual Section #	CACO Handbook Page #
Other CACOs --Keep CACOs assigned to other family members informed of funeral plans.	8-2	--
Timing of Funeral --Advise NOK not to firmly schedule funeral services until notified of arrival date of remains at the funeral home.	5-2, 5-8	27
Red Cross --Advise NOK to contact Red Cross to inform other relatives in the armed forces.	5-15	20
Travel Entitlements/Escort --Survivors of active duty members are authorized travel and per diem to and from burial services (spouse and unmarried children under age 21; if none, then parents are authorized). Minor age children will be provided an adult escort (also provided by NPC-621).		24
Obituary Notice --Help as needed with obituary notice.	5-18	26
Coordinate Decedent Affairs Activities --Arrange for flags and contact escort and funeral director.		29
National Cemeteries --Show NOK list of national cemeteries if one is desired.	5-8,	-
Member's Command --Contact deceased member's command and inform commanding officer of time and location of funeral.	5-10	--
Funeral Attendance --Attend the funeral if it takes place in the area. Arrange flag presentation.	5-10	-
Packet of Forms -- NPC-621 will send a packet of benefits claim forms to the CACO within 10 working days after casualty.	6-1	32, 33, 35

Military Funerals

STANDARD HONORS



Two Flag Folders

Presentation of Flag

TAPS

Additional elements, if available: (Standard Plus)

Firing Party, Pallbearers, Bugler, POIC



NOTES

KEY POINTS

- A minimum of eight personnel can be used to render full honors by doing double duty as pallbearers and firing party.
- Honors details may be used at the interment service for cremated remains as well as for a casketed burial service.
- At times there may be a sole Navy representative at a committal service. This may or may not be the CACO.
- The CACO should notify the CAC/FHS Program Coordinator of the PNOK's desire for a funeral honors detail. The CACO may be requested to arrange the utilization of members of his or her command.
- The CACO should inform the family that funeral honors will be provided.