

CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT <i>(10 U.S.C. 1475-1480 and regulations pursuant thereto)</i>	1. BUREAU VOUCHER NO.	2. D.O. VOUCHER NO.	OMB No. 0730-0017 OMB approval expires 20271031
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Return completed form to the appropriate Service Casualty Office or contact the Service Pay or Finance Office for direction on where to submit your completed form. DO NOT return your form to the address in the paragraph below.

The public reporting burden for this collection of information is estimated to average 30 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1475-1478, Death Gratuity, et al. ; DoD 7000.14-R, Vol 7A, Chapter 36, Financial Management Regulation; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To record the name and address of the designated beneficiary(ies) or next-of-kin eligible to receive the death gratuity payment for the deceased service member, in accordance with a finding by the Secretary of the Service concerned, and to maintain a record of the disbursement of these benefits.

ROUTINE USE(S): To the Treasury Department to provide information on check issues and electronic funds transfers. To the Internal Revenue Service to report taxable earnings and taxes withheld, accounting, and tax audits, and to compute or resolve tax liability or tax levies. Additional routine uses are listed in the applicable system of records notices: T7340, Defense Joint Military Pay System-Active Component (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570191/t7340/>); T7344, Defense Joint Military Pay System-Reserve Component (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570195/t7344/>), M01040-3, Marine Corps Manpower Management Information System Records (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/>); T7320a, Deployable Disbursing System (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570179/t7320a/>); T7906, Automated Disbursing System (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570203/t7906/>); T7347b, Defense Military Retiree and Annuity Pay System Records (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/>);

DISCLOSURE: Voluntary; however, failure to provide the requested information may impede or delay the processing of this claim.

NOTE: Penalties for presenting false claims or making false statements in connection with claims may include criminal fines or imprisonment of up to 5 years per incident and civil fines in excess of \$10,000 (False Claims Act, as amended, 31 U.S.C. Sections 3729-3733 and 18 U.S.C. Sections 287 and 1001).

3. APPROPRIATION SYMBOL AND TITLE		4. PAID BY	
5. PAYEE NAME	a. ADDRESS	b. CITY	c. STATE
			d. ZIP CODE
6. SERVICE MEMBER <i>(Last name - First name - Middle initial)</i>		7. SSN (DoD ID for USMC Only)	8. GRADE
9. PLACE OF DEATH		10. DATE OF DEATH	11. DUE PAYEE

12. CERTIFICATE OF PAYEE FILING CLAIM UNDER SURVIVOR PRECEDENT LIST MANDATED BY LAW *(Place a "check" in one of the following boxes, according to your relationship to the decedent)*

I certify that I have not received gratuity pay/ that I am applying for under the survivor precedent list and I am:

a. HIS WIDOW HER WIDOWER *(Complete only Block 15 and have Block 15 signed by two certifying witnesses.)*

b. **A CHILD OF THE DECEDENT OR DESCENDANT OF A DECEASED CHILD AND THAT THERE IS NO WIDOW(ER) SURVIVING; THAT THE CONTENT OF BLOCK 13 IS ACCURATE AS SHOWN.** *(If payee is a minor at the time of preparation of this form, Block 15 must be completed by the duly appointed guardian and documentary proof of guardianship furnished. Complete Blocks 13 and 15 and have Block 15 signed by two certifying witnesses)*

c. FATHER MOTHER **THAT THERE IS NO WIDOW(ER), OR CHILD SURVIVING.** *(Complete Blocks 13 and 15 and have Block 15 signed by two certifying witnesses.)*

d. **DULY-APPOINTED EXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE PERSON**

e. **OTHER** *(next of kin of the member entitled under the laws of domicile of the member at the time of the member's death).* **Indicate relationship**

13. CHILDREN OF THE DECEDENT *(If none, so state. Attach additional page if more space is needed)*

a. NAME <i>(Last, First, Middle Initial)</i>	b. ADDRESS <i>(Include ZIP Code)</i>

14. CERTIFICATE OF PAYEE FILING CLAIM AS A DESIGNATED BENEFICIARY *(a member may designate on the DD93 one or more persons to receive all or a portion of the amount payable). Indicate your relationship. If a member designates only a portion of the amount payable, then the remaining amount of the death gratuity not covered by a designation will be paid following the survivor precedent list, as described in the DoD FMR, Volume 7A, Chapter 36.*

<input type="checkbox"/> I certify that I have not received gratuity pay; that I am applying as a designated beneficiary.	Indicate relationship
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15. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE *(Two witnesses are required)* 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.

a. PAYEE ADDRESS <i>(Include ZIP Code)</i>	b. SIGNATURE OF PAYEE <i>(Must be affixed in the presence of two witnesses)</i>
(1) FIRST WITNESS ADDRESS <i>(Include ZIP Code)</i>	a. A WITNESS SIGNATURE
(2) SECOND WITNESS ADDRESS <i>(Include ZIP Code)</i>	a. A WITNESS SIGNATURE

16. ADMINISTRATIVE STATEMENT. The above-named payee is authorized to receive gratuity pay due to the death of the decedent; and has been so designated by the decedent or is eligible under the survivor precedent list.

a. TYPED NAME	b. TITLE	c. SIGNATURE	d. DATE (YYYYMMDD)

17. PAYMENT

a. PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE

(1) CHECK NUMBER	(2) AMOUNT OF CHECK	(3) DATE OF CHECK (YYYYMMDD)

b. ELECTRONIC FUNDS TRANSFER (EFT)

(1) BANKING INSTITUTION	(2) ACCOUNT NUMBER	(3) ROUTING NUMBER

INSTRUCTIONS

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| <p>1. BUREAU VOUCHER NUMBER.</p> <p>2. D.O. VOUCHER NUMBER</p> <p>3. APPROPRIATION SYMBOL AND TITLE</p> <p>4. PAID BY</p> <p>5. NAME AND ADDRESS OF PAYEE. Enter the full name and address of the person to whom payment will be made. When a minor child is a designated or *undesignated beneficiary, payment will be made according to the provisions of the Department of Defense Financial Management Regulations (DoDFMR), Volume 7A, Chapter 36 at http://comptroller.defense.gov/fmr/current/07a/Volume_07a.pdf. The individual determined by this regulation should be entered here. *Non-designated beneficiary results when the service member dies without designating beneficiaries and the survivor precedent list, as described in Chapter 36 of the DoDFMR, Volume 7A, is followed.</p> <p>6. SERVICE MEMBER. (Last Name, First Name, Middle Initial). Enter the full name of the decedent.</p> <p>7. SSN (DoD ID for USMC Only). Enter the Social Security Number of the service member (decedent). For USMC Only, please use DoD ID number</p> <p>8. GRADE. Enter the pay grade of the service member at the time of death, if known (e.g. E-4, O3). If not known, office or enlisted is sufficient.</p> <p>9. PLACE OF DEATH. Enter the place where the service member died.</p> <p>10. DATE OF DEATH. Enter the date of service member's death.</p> <p>11. DUE PAYEE. Enter the amount of death gratuity for which you (or the minor child) are entitled.</p> <p>12. CERTIFICATE OF PAYEE FILING CLAIM UNDER SURVIVOR PRECEDENT LIST MANDATED BY LAW. Place an "X" in the block that applies to you (and the minor child, if applicable).</p> <p>a. WIDOW/WIDOWER. (If this is the only block you "X", proceed to block 15).</p> <p>b. A CHILD OF THE DECEDENT OR DESCENDANT OF A DECEASED CHILD AND THAT THERE IS NO WIDOW(ER) SURVIVING. (If child is a minor, guardian must sign in block 15b and have two witnesses complete blocks 15b(1) and 15b(2) and provide a certified copy of the appointment paper if a guardian of a minor child, or children, has been appointed by the court (as distinguished from being awarded physical custody).</p> <p>c. THE FATHER/MOTHER OF THE DECEDENT. (If you "X" this block, you are also certifying that there is no surviving widow(er) or child).</p> <p>d. DULY-APPOINTED EXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE PERSON.</p> | <p>e. OTHER. (next of kin of the person entitled under the laws of domicile of the person at the time of the person's death). Indicate relationship.</p> <p>13. CHILDREN OF DECEDENT. Only fill in if claim is on behalf of a child of the decedent.</p> <p>14. CERTIFICATE OF PAYEE FILING CLAIM AS A DESIGNATED BENEFICIARY (a member may designate on the DD93 one or more persons to receive all or a portion of the amount payable). Indicate your relationship. If a member designates only a portion of the amount payable, then the remaining amount of the death gratuity not covered by a designation will be paid following the survivor precedent list, as described in the DoD FMR, Volume 7A, Chapter 36.</p> <p>15. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE. To be completed by payee and witnesses.</p> <p>16. ADMINISTRATIVE STATEMENT.</p> <p>a. TYPED NAME. Type the name of the individual who verified the eligibility of the beneficiary.</p> <p>b. TITLE. Title of the individual who verified the eligibility of the beneficiary.</p> <p>c. SIGNATURE. Signature of the individual who verified the eligibility of the beneficiary.</p> <p>d. DATE. (YYYYMMDD)</p> <p>17. PAYMENT.</p> <p>a. PAID BY CHECK DRAWN IN FAVOR OF PAYER NAMED ABOVE</p> <p>(1) Check Number.</p> <p>(2) Amount of Check.</p> <p>(3) Date of Check.</p> <p>b. ELECTRONIC FUNDS TRANSFER (EFT). Complete financial institution information for payee.</p> <p>(1) Banking Institution. Enter the name of the payee's financial institution here.</p> <p>(2) Account Number. Enter the payee's account number where the payment should be deposited.</p> <p>(3) Routing Number. 9-digit identification number unique to the payee's financial institution (printed on checks issued by the financial institution or otherwise available from the financial institution).</p> |
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