



# ON ACCOUNT OF APPROPRIATION FOR BURIAL OF VETERANS

State Form 49890 (R2 / 5-11)

Approved by State Board of Accounts, 2011

DEPARTMENT OF VETERANS AFFAIRS

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:** 1. Mail this completed form and any/all supporting documents to the County Auditor of the county in which the veteran resided.  
2. A copy of the veteran's Honorable Discharge, DD 214, Report of Separation, or other proof of required active duty service must be attached to this claim.

Name of claimant	County	State Indiana
Address of claimant (number and street, city, state, and ZIP code)		

## I. DECEDENT DATA

I, the claimant, have caused to be interred in a burial ground the body of:

\_\_\_\_\_ , \_\_\_\_\_ ,  
*Name of decedent* *Social Security Number \**  
who died on \_\_\_\_\_ , and who, at the time of death, was a resident of \_\_\_\_\_ County,  
*month, day, year*  
residing at \_\_\_\_\_  
*Number and street or Rural Route or PO box, city, state, and ZIP code*

and was an honorably discharged veteran of the Armed Forces of the United States, or was the (check one)  wife  husband  
of \_\_\_\_\_ , who is the veteran.

Name of spouse: \_\_\_\_\_ The deceased is survived by his/her spouse.  Yes  No

If no, date of death of spouse (month, day, year): \_\_\_\_\_

## II. INTERMENT DATA AND CLAIM

The deceased was buried/cremated on \_\_\_\_\_ at \_\_\_\_\_  
*month, day, year* *Name of cemetery / facility*  
in \_\_\_\_\_ , \_\_\_\_\_  
*City / town* *Section / plot / grave number*

Claim is made in the amount of \$ \_\_\_\_\_ as county burial allowance. I understand this benefit is a one-time payment, payable either when the veteran dies or when the spouse dies, but not both. I certify this amount is just and legally due.  
This amount (check one)  was  was not deducted from the billing to the veteran, spouse, or interested party.

Signature of claimant

Date (month, day, year)

## III. GOVERNMENT HEADSTONE / MARKER DATA AND CLAIM

A free government headstone (check one)  was  was not ordered. If ordered, please attach a copy of VA Form 40-1330 to this claim.

Claim is made in the amount of \$ \_\_\_\_\_ for the setting of this federal headstone. Headstone was set on \_\_\_\_\_  
*month, day, year*  
Attach a copy of bill for setting the headstone / marker.

Signature of claimant

Date (month, day, year)

## IV. STATEMENT OF VETERAN, SPOUSE, OR INTERESTED PARTY \*\*

\*\* Interested Party refers to any person or persons who assume(s) financial responsibility for the disposition of the remains.

I, \_\_\_\_\_ , being the \_\_\_\_\_  
*Veteran, spouse or Interested Party*  
for value received, hereby assign all right, title and interest in any allowance made pursuant to this claim to the claimant herein.  
To the best of my knowledge and belief, the statements herein are true and correct.  
**Note: This statement should be completed only if this benefit is to be paid directly to the funeral home instead of to the veteran, spouse or interested party.**

Signature

Date (month, day, year)

## V. STATEMENT OF AUDITOR

I hereby certify that the within claim is in proper form, duly authenticated as required by law, based upon statutory authority and is apparently correct in accordance with IC 5-11-10-2.

Signature

Date (month, day, year)

**FOR COUNTY AUDITOR USE ONLY**

Claim number

Account name

Appropriation number

Vendor number

Warrant number

Pay to *(name)*:

Send to *(name)*:

Address *(number and street, city, state, and ZIP code)*

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For the expense of burial of members of the Armed Forces of the United States and members of the women's components thereof, or their wives and widows or husbands and widowers.

For the burial of *(name of decedent)*:

Allowed *(month, day, year)*

In the sum of:

\$