

# VS-9 Application Instructions

## CHAPTER 115, General LAWS, AS AMENDED

The application is for the burial of Veteran's and Dependents of veterans who die without sufficient means to defray the funeral expenses, and for the burial of dependent children of the veteran, and his or her spouse, or his or her surviving spouse alone do not have sufficient means to defray funeral expenses. The veteran must satisfy the military services requirements set forth in 108 CMR 3.02.

The VS-9 Application for Burial Expense must be filled out completely. Unanswered fields within the application will result in disallowance.

Along with the completed VS-9 application, the following documents are also required:

- The application must be certified by the Veteran's Service Officer no later than 60 days from the date of death.
- Military discharge for the veteran in whose name the benefit is sought.
- Death certificate.
- Itemized bill from the funeral director, totaling \$5,000 or less.
- Most current bank statement of deceased with balance amount.
- Copy of birth certificate or marriage certificate to establish dependency between the deceased and the veteran (when applicable).

The Burial allowance will only be granted if the total cost of the burial does not exceed \$5,000 and any and all resources have been utilized to defray the cost of the burial.

The amount of the burial reimbursement shall be \$4,000.  
(effective November 11, 2018)

# VS-9 Application For Burial Expense

## CHAPTER 115, General LAWS, AS AMENDED

### Required Documents: Death Cert/ Funeral Bill/ Asset Verification/ DD-214

Date: .....

Full name of deceased.....

Community where deceased resided.....

Date of death (month-day-year)..... City or Town of death.....

Place of Death.....

Place of Death in V.A. Hospital? Yes  No  Did deceased have a service connected disability? Yes  No

Percent of Service Connected Disability..... Was death service connected? Yes  No

City or Town of burial.....

Name of Cemetery.....

Relationship of deceased to the veteran (ONLY Options: Self, Spouse, Child).....

Relationship of applicant to deceased (i.e. Spouse, Child, Cousin, Friend, other).....

Phone Number of applicant..... Address of Applicant.....

Full Name of Veteran.....

### **Financial Portion (all sections must be filled out for authorization)(\*)**

Did Veteran/deceased leave a widow or widower? Yes  No  Cash assets of widow or widower.....

Monthly income of deceased (i.e. Social Security, Pension, IRA/401K, V.A. Comp/Pension).....

Was deceased homeless? Yes  No  Did deceased own a home or property? Yes  No

Value of real estate of deceased..... Cash on hand or in the bank of deceased.....

Other funds and/or assets from the sale of personal belongings, or sale of a home of deceased.....

Did deceased have life insurance? Yes  No  What is the amount of insurance of death benefits paid to

ANY person.....

### **THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY**

Address.....

Signature of Applicant (\*\*). Date.....

I certify that application was made to me WITHIN SIXTY DAYS after death.

City or Town of.....

Signature of Veterans' Agent..... Date.....

\* The financial portion must be completely filled out, if all \$0.00's are listed this will result in a disallowance, unless the deceased was homeless.

\*\*If Applicant has no next of kin, VSO should sign as applicant; please attach proof of delivery of remains to the Winchendon Veterans' Memorial Cemetery or National Cemetery.