CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

Part A.							
Name(s) and social security number(s) of claimant(s)	Relationship to deceased	If minor, state age 4. Is designation of beneficiary for unpaid compensation on file with service?					
		(Yes or No)					
		5. Are you named beneficiary?					
		(Yes or No)					
6. Claimant(s) State of Legal Residence	Name, rank or rating, service number, and social security number of decedent	8. Date of Death					
		9. Name of Service					
		10. Decedent's domicile					

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death?

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

- 1. List below the name, social security number, age, relationship, and address of:
 - (a) Widow or widower.
 - (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
 - (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
 - (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

Name and Social Security Number	Age	Relationship to Deceased	Address
		(0 11 1 11 11)	Standard Form 1174 (EC)

Part D

1.	If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:						
	I/we have been duly appointed		of the estate of the deceased, as	evidenced by			
	(Executor or administrator) certificate of appointment herewith, administration having been taken out in the interest of						
	(Name, address, and relationship of interested relative or creditor)						
	and such appointment is still in full force and effect.						
	NOTE If making claim as the executor or administration must be submitted.	ator of the estate of the decease	ed, no witnesses are required, but a court certificate evider	ncing your appointment			
2.	If no administrator or executor has been a	appointed, will one be ap	· · · · · · · · · · · · · · · · · · ·				
	DESIGNATED BENEFICIARY SURV	IVING SPOUSE CHILDE	(Yes or No) EN, PARENTS, OR LEGAL REPRESENTATIVES	S DO NOT			
		FILL IN PART E. ALL	OTHER MUST.				
Pa	rt E						
На	ve the funeral expenses been paid? (Yes	(If paid, receip	ted bill of the undertaker must be attached he	ereto.)			
W	nose money was used to pay the funeral e	expenses?					
		· · · · · · · · · · · · · · · · · · ·	by law for the making of false or fraudulent f false statements in connection therewith. (Signature of claimant)	(Date)			
	(Signature or claimant)	(Date)	(Signature of Claimant)	(Date)			
(Street address)			(Street address)				
(City, State, and ZIP code)		<u> </u>	(City, State, and ZIP code)				
		TWO WITNESSES A	RE REQUIRED				
W	e certify that we are well acquainted with	the above		and that			
	e signature(s) of the claimant(s) was (were	·	(Name(s) of claimant(s))				
	(Signature of witness)		(Signature of witness)				
	(Street address)		(Street address)				
	(City_State_and_ZIP_code)		(City State and ZIP code)				