



**Ulster County**  
**Indigent Veteran Burial Expense**  
**CLAIM for REIMBURSEMENT**

1. Name of Veteran: \_\_\_\_\_ SS# \_\_\_\_\_

2. Claim for Burial of:         Veteran                       Spouse                       Child

3. Claimant / Funeral Home: \_\_\_\_\_

License #: \_\_\_\_\_

4. Burial Informant Name: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

5. Deceased Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

6. Deceased Financial Information:    Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Balance: \$ \_\_\_\_\_

Owned Real Estate?         Yes                       No

Social Security Death Benefit: \$ \_\_\_\_\_

On Public Assistance?         Yes                       No

7. Burial Information:         Cremation                       Full Body

Date of Cremation \_\_\_\_\_ Place of Cremation \_\_\_\_\_

Date of Burial \_\_\_\_\_ Place of Burial \_\_\_\_\_

8. Funeral Expenses:        Total Funeral Expenses        \$ \_\_\_\_\_

Paid by Deceased. . . . . \$ \_\_\_\_\_

Paid by Family / Other. . . . . \$ \_\_\_\_\_

Other Amounts Received. . . . . \$ \_\_\_\_\_

Reimbursement Amount  
Requested from Ulster County \$ \_\_\_\_\_

## 9. FUNERAL HOME ATTESTATION

- I, \_\_\_\_\_, (Funeral Director/Claimant) certify that the services and expenses on the enclosed invoice were actually rendered to or for the County of Ulster on the dates stated, and that I have not received, nor will not receive, any reimbursements not accounted for in Section 8 of this Claim.
- As Owner/Officer of the above-named Funeral Home, I certify that due diligence has been exercised to identify and apply assets of the deceased/veteran to his/her funeral expenses. Assets in the amount of \$ \_\_\_\_\_ have been or will be applied. No other assets exist to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### STATE OF NEW YORK COUNTY OF ULSTER §:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known and know to me, who proved to me on the basis of satisfactory evidence, to be the individual described in, and who executed the foregoing instrument, and duly acknowledged to me that \_\_he executed the same.

Notary Public \_\_\_\_\_

### FOR ULSTER COUNTY OFFICE USE ONLY

#### PAYMENT APPROVAL

I, \_\_\_\_\_, of the Ulster County Veteran Services Agency, have reviewed this case and have found the facts stated to be true and accurate to the best of my knowledge. I authorize payment of \$ \_\_\_\_\_ to Claimant for Veteran burial expenses under the provisions of New York State Municipal Law 148 and Ulster County Resolutions #101 and #159.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# 10. INFORMANT ATTESTATION & AFFIDAVIT

I, \_\_\_\_\_, am the  Spouse  Child  Other \_\_\_\_\_ of \_\_\_\_\_ (specify relationship), a deceased veteran/spouse who is the subject of a reimbursement claim for indigent veteran burial expenses under the Ulster County Policy for Veteran’s Burial (the “Policy”). As the Requester of Burial Services, I certify that:

- The Funeral Director/Claimant indicated in Section 9 herein has, in fact, rendered stated services.
- All available assets of the deceased Veteran/Spouse have been applied to the expenses of the Veteran’s/Spouse’s funeral.
- No other family members of the deceased veteran are willing or able to contribute funds toward the veteran’s funeral expenses.
- No other funds are available for the Veteran’s/Spouse’s funeral expenses.
- I am  financially unable to contribute to the Veteran’s/Spouse’s funeral expenses - or -  unwilling to contribute more than \$ \_\_\_\_\_ dollars to the Veteran’s/Spouse’s funeral expenses.
- The information presented in this Affidavit is true and correct to the best of my knowledge and belief.
- I understand that should assets for the deceased be discovered after County funds have been disbursed as a result of the reimbursement claim for indigent veteran burial expenses, reimbursement to the County will be required pursuant to Section 3(d) of the Ulster County Indigent Veteran Burial Policy Summary.
- I further understand that pursuant to Section 175.45 of the New York State Penal Law, it is a Class A misdemeanor to issue a written instrument that claims to describe financial condition or ability to pay which is inaccurate in some material respect with the intent to defraud or obtain services from the Ulster County Veteran Services Agency under false pretext.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## STATE OF NEW YORK COUNTY OF ULSTER §:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known and know to me, who proved to me on the basis of satisfactory evidence, to be the individual described in, and who executed the foregoing instrument, and duly acknowledged to me that \_\_\_he executed the same.

Notary Public \_\_\_\_\_

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- Required Documents:**
- a) This 3-page Claim Form (UCVSA – IVB-C) w/Original Signatures
  - b) Itemized Funeral Home Invoice (funeral services & prices)
  - c) Death Certificate
  - d) Discharge Document (DD-214)

**Submit above to: Ulster County Veteran Services Agency, 5 Development Court, Kingston, NY 12401 (845-340-3190)**