

**SD DEPARTMENT OF VETERANS AFFAIRS
425 E. CAPITOL AVENUE
PIERRE, SD 57501
605-773-3269**

**APPLICATION FOR VETERANS
BURIAL ALLOWANCE
SDCL § 33A-5**

SDDVA B-2 REV 4/2016

NOTE: See reverse side for instructions.

Name of Veteran _____
(First) (M) (Last)

Veteran's Social Security Number _____

Veteran's Dates of Service: From _____ To _____
(Beginning Date) (End Date)

_____ was buried in the _____ Cemetery
(Name of Decedent)

which is located in, or near, the city of _____, South Dakota, on the _____ of _____,
(Month) (Year) (Day)
The total cost of the funeral is \$ _____.

Was the above-named veteran an Honorably Discharged Veteran as defined in SDCL § 33A-2-1 and § 33A-2-2, a citizen of the United States and a resident of South Dakota for one year immediately preceding entry into military service or preceding death? (Please check one) Yes No

I certify that the surviving spouse or relatives of the Decedent have furnished an affidavit acceptable to me that the estate of the Decedent, or of his or her surviving spouse, is not sufficient to defray the above funeral expenses and I hereby authorize payment in the amount of \$100 to _____
(Name of Funeral Home or Other Payee)

_____, _____, _____
(Street or PO Box Number) (City) (State) (Zip Code)

I certify that the above information is true and correct to the best of my knowledge and belief.

(Signature of C/TVSO or SDDVA Employee)

(Date)

TO BE COMPLETED BY THE PAYEE

I certify that the foregoing statements are true and correct to the best of my knowledge and belief . I understand that intentionally making a false statement herein is a violation of SDCL §4-9-5and § 22-30A-17.

(Signature of Payee)

(Date)

(Social Security or Tax ID of Payee)

Note: All claims must be presented to the Pierre office of the South Dakota Department of Veterans Affairs **within one year** from the date of burial.

It is the responsibility of the county/tribal veterans service officer or SDDVA employee to ensure that the information contained on this application is true and correct.

SDCL § 33A-5 provides that a burial allowance of \$100 may be paid toward the funeral expenses of any veteran, or the spouse, widow or widower, of a veteran when the estate of the deceased, or of the surviving spouse or other family members is not sufficient to defray the costs of the funeral. The law also requires that the surviving family members furnish an affidavit verifying that sufficient funds are not available for payment of the funeral expenses.

1. To qualify, the veteran must have been a citizen of the United States, a resident of the State of South Dakota for one year immediately preceding entry into the Armed Forces or for the year immediately preceding death, and must meet the definition of a veteran as defined in SDCL § 33A-2-1 and § 33A-2-2 which specifies:
 - a) Honorable service during one of the qualifying wartime periods, or
 - b) Honorable service during which the veteran was awarded one of the qualifying medals, or
 - c) Honorable service at any time, if the veteran has established the existence of a service-connected disability.
2. Payment of the burial allowance for the funeral expenses of a veteran's spouse or widow(er) is authorized only when the veteran's residency and period of active Duty service meets the above requirements.

The name of the veteran's spouse or widow(er), as requested on the front side of this application, is required only when the spouse or widow(er) is the decedent.

3. A copy of the **Funeral Bill and the Original Affidavit** must be submitted along with this application.
4. The lower portion of the form must be signed, dated by, and contain the Social Security or Tax ID number of the person to whom payment is being made.
5. Any application form which is not completely or legibly filled out will be returned to the C/TVSO or SDDVA employee for correction.

Affidavit

State of South Dakota

County of _____

I, _____, being first duly sworn, say I am the

_____ of _____
(Relationship) *(Name of Decedent)*

and that at the time of the decedent's death, the estate of the said decedent was not sufficient to defray the funeral expenses of said decedent; that neither affiant nor other surviving relatives have sufficient funds or estate to defray decedent's funeral expenses and cost of burial.

(Signature)

(Address)

Subscribed and sworn before me

This _____ day of _____, _____.

Notary Public

(Seal)