



SOUTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

APPLICATION FOR \$100 VETERANS BURIAL ALLOWANCE SDCL

33A-5-2

Note: See reverse side for instructions.

VETERAN'S INFORMATION

Name: (Last, First, Middle) Doe, John E.		Social Security Number: 000-00-0000	
Date of Birth: (MM/DD/YYYY) 01/01/1950	Date of Death: (MM/DD/YYYY) 12/02/2022	Dates of Service: From: 03/03/1969 To: 04/30/1970	
Was the above-named veteran honorably discharged veteran as defined in SDCL 33A-1, 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)			
<input checked="" type="radio"/> YES		<input type="radio"/> NO	



Please remember to mark the appropriate answer in this box.

Funeral Home or Other Payee Information

Name of Decedent: (if different than above): John E. Doe		Social Security Number of Decedent: 000-00-0000		Date of Burial: (MM/DD/YYYY) 12/15/2022	
Name of Cemetery: Local Cemetery			Location of Cemetery: (City and State) Anytown, South Dakota		
Name of Funeral Home or Other Payee Requesting \$100 Payment: Jane Doe			Total Cost of Funeral: \$ 10,000		
Mailing Address of Funeral Home or Other Payee: (where the check will be mailed) 123 Main Street		City: Anytown	State: SD	Zip Code: 00000	
Telephone Number of Funeral Home or Other Payee: 605-000-0000		Individual Social Security # or Business Federal Tax ID #: SSN: 000-00-0000 or TIN: 00-0000000			

As with every SDDVA form, please complete all sections, and don't leave any boxes blank.

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

Signature of Funeral Home or Other Payee: (Signature MUST be original) <i>Jane Doe</i>	Date: (CAN NOT be dated before the date of burial) 1/15/2023
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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 above Funeral Home or Other Payee.

Signature C/TVSO or SDDVA Employee: (Signature MUST be original) <i>Local VSO</i>	Date: (CAN NOT be dated before the date of burial) 1/15/2023
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Please return form to: **South Dakota Department of Veterans Affairs**
ATTN: Burial Allowance
425 E. Capitol Avenue
Pierre, SD 57501-3100
PH: 605-773-3269

SDDVA Form 4 Revised 9/7/22



Please make sure you're using this version of the Veterans Burial Allowance form, that the Affidavit is completed and a copy of the veteran's funeral bill is included. The Instruction page provides additional information on how to apply for the Burial Allowance.