



# 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)		Social Security Number:	
Date of Birth: (MM/DD/YYYY)	Date of Death: (MM/DD/YYYY)	Dates of Service: From: _____ To: _____	
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)			
YES		NO	

### Funeral Home or Other Payee Information

Name of Decedent: (if different than above):	Social Security Number of Decedent:	Date of Burial: (MM/DD/YYYY)	
Name of Cemetery:		Location of Cemetery: (City and State)	
Name of Funeral Home or Other Payee Requesting \$100 Payment:		Total Cost of Funeral: \$ _____	
Mailing Address of Funeral Home or Other Payee: (where the check will be mailed)	City:	State:	Zip Code:
Telephone Number of Funeral Home or Other Payee:	Individual Social Security # or Business Federal Tax ID #:		

**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)	Date: (CAN NOT be dated before the date of burial)
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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)	Date: (CAN NOT be dated before the date of burial)
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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**

## Instructions - Please Read Carefully

**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-5-2 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.

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 middle 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 complete or legible 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)