

# VS-9 Application Instructions

## CHAPTER 115, General Laws, as amended

The application is for the burial of Veteran's and Dependents of veterans who die without sufficient means to defray the funeral expenses, and for the burial of dependent children of the veteran, and his or her spouse, or his or her surviving spouse alone do not have sufficient means to defray funeral expenses. The veteran must satisfy the military services requirements set forth in 108 CMR 3.02.

The VS-9 Application for Burial Expense must be filled out completely. Unanswered fields within the application will result in disallowance. IAW 9.02(3)

Along with the completed VS-9 application, the following documents are also required:

- The application must be certified by the Veteran's Service Officer no later than 60 days from the date of death.
- Military discharge for the veteran in whose name the benefit is sought.
- Death certificate.
- Marriage certificate
- Birth certificate
- Itemized bill from the funeral director, totaling \$5,000 or less.
- Most current bank statement of deceased with balance amount.
- Copy of birth certificate or marriage certificate to establish dependency between the deceased and the veteran (when applicable).

The Burial allowance will only be granted if the total cost of the burial does not exceed \$5,000 and any and all resources have been utilized to defray the cost of the burial.

*The amount of the burial reimbursement shall be \$4,000.*

Chapter 115 Case Number:  
(If applicable)

# VS-9 APPLICATION FOR BURIAL EXPENSE

CHAPTER 115, GENERAL LAWS, AS AMENDED

Required Documents: Death Certificate / Funeral Bill / Asset Verification / DD-214

Today's Date:			
Full Name of Deceased:			
Community where deceased resided			
Date of Death (Month –Day-Year)		City/Town of Death	
Place of Death:			
Percent of service connected disability		Was death service connected?	Yes or No
Did the person die while in a VA Hospital?	Yes or No	Did deceased have a service connected disability?	Yes or No
City or Town of burial			
Name of Cemetery			
Relationship of the deceased to the veteran	(ONLY options: Self, Spouse, Child)		
Relationship of applicant to the deceased	Spouse, child, cousin, friend, other		
Phone Number of Applicant		Address of applicant	
Full name of veteran			
Did veteran/deceased leave a widow or widower?	Yes or No	Cash assets of the widow or widower	\$
<b>FINANCIAL PORTION (all sections must be filled out for authorization)*</b>			
Monthly income of the deceased	i.e. Social security, pension, IRA/401k, VA compensation or pension	\$	
Was deceased homeless	Yes or No	Did deceased own a home or property?	Yes or No
Value of real estate of deceased	\$	Cash on hand or in the bank of the deceased	\$
Other funds and/or assets from the sale of personal belongings, or the sale of the home of the deceased		\$	
Did deceased have life insurance?	Yes or No	What is the amount of death benefits paid to ANY person?	\$
<b>THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY</b>			
Address			
Signature of Applicant			
Date:			
I certify that this application is being made WITHIN SIXTY DAYS of the date of death.			
Signature of Veterans' Agent		Date:	
Community (City or Town)			
* The financial portion must be completely filled out; if all entries are \$0.00 ... this will result in a disallowance, unless the deceased was homeless			