

CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE

NAME OF DECEASED

SERVICE NUMBER

RANK OR RATING

SOCIAL SECURITY NUMBER

EACH PERSON LISTED BELOW IS:

DESIGNATED BENEFICIARY UNDESIGNATED BENEFICIARY CLAIMANT

ESTAB'D DATE OF DEATH

NAME OF BENEFICIARY OR CLAIMANT

RELATIONSHIP

ADDRESS

- I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.
- I CERTIFY that the records of the U. S. Coast Guard show that the decedent did not designate a beneficiary or beneficiaries to receive any unpaid pay and allowances that might be due.
 - I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.
 - Payment of unpaid pay and allowances that might be due is to be made to the person(s) determined to be entitled thereto under the laws of the domicile of the deceased.

ENCLOSURE(S):

TYPED NAME AND TITLE OF APPROVING AUTHORITY

SIGNATURE