



Funeral and Burial Claim Report

To: Funeral & Burial Unit
Springfield

1. Case Name: _____
Case Number: _____
Decedent: _____
Date of Death: _____
Date Claim Received: _____

From: _____

To: Type of Claim: Funeral Home Cemetery Reimbursement

2. Funeral Home: _____
Cemetery: _____
Reimbursement _____

3. Decedent's Social Security Number: _____
Social Security Benefits: Yes No Amount: _____
Was Last Check Cashed? Yes No
Decedent's SSA Death Benefit Received by Responsible Relative? Yes No

4. Responsible Relative (spouse or parent of minor under age 18): Yes No
Responsible Relative Name(s): _____
Relationship: _____
Responsible Relative _____
Responsible Relative's Assets: _____

Amount, if any, paid by Responsible Relative: \$ _____

5. Decedent's Assets: (Complete Each Item, Enter "None" Where Appropriate)

	<u>Amount</u>	
Cash on Hand	\$ _____	
Nursing Home Account	\$ _____	Nursing Home: _____
Bank Account: _____		Bank: _____
Burial Plan or Trust: _____ (Exempt value of prepaid casket, vault and/or grave opening and closing)		

Veteran's Burial Benefits: Yes No If Yes, Amount: _____
Railroad Death Benefits: Yes No If Yes, Amount: _____
Life Insurance Proceeds: Yes No If Yes, Amount: _____
Name of Beneficiary: _____

6. Remarks (For use if additional space is required): _____

7. Recommended Disposition (Check as appropriate):
 APPROVED CLAIM(S). Payment Request _____
 DENIED CLAIM(S). DPA 1959 sent on: (Date): _____

Signature: _____ Date: _____



Funeral and Burial Claim Report

INSTRUCTIONS FOR COMPLETION OF FORM DPA 1619

This form is used by local office staff to transmit funeral, burial or reimbursement claims to the Funeral & Burial Unit, Springfield, and to report the results of the investigation of assets and resources for payment of funeral and burial expenses.

- Print or Type all entries except signatures.
- Prepare in Duplicate. Retain one copy for your files.
- Complete all items. Enter "NONE" where appropriate.
- Verify SSA, VA related entries.
- Review claims to see that all items have been completed and signed, and charges and deductions are correct.

Completion of items:

Item 1. Enter information requested.

Item 2. Show the type of claims attached and the name(s) of the vendor(s) or reimbursement claimant.

Item 3. Enter the Social Security Number of the decedent. Check the appropriate space and identify amounts.

Item 4. Identify the decedent's responsible relatives and list the responsible relative's income and assets. If the responsible relative is receiving assistance, identify the case number. Enter the amount they have voluntarily paid toward the funeral and burial costs.

Item 5. Check the appropriate space. Enter additional information requested and the amounts.

Item 6 Use Remarks to provide any other information helpful to the Funeral and Burial Unit (for example, claimant's reason for late submittal of claim, request for help in determining responsible relative's ability to pay. etc.).

Item 7 Review the claims for accuracy and completeness. Sign and date this report and forward to the Funeral and Burial Unit for final disposition.

NOTE: Before forwarding this report to the Funeral & Burial Unit, Springfield:

- Check to see that all necessary claims, receipts, vouchers, purchase records or contracts are attached and signed where indicated.
- Attach a copy of IL444-0552 or the ACID printouts for all claims.
- Attach a copy of DPA 1959, if appropriate.