

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

IMPORTANT: Careful attention to the proper completion of this form will permit prompt settlement of the claim. See below for amounts and items allowable.

When remains are interred in a civilian cemetery, the person who pays the expenses incident to interment may be reimbursed by the government in an amount not to exceed ~~\$125.00~~ **\$200.00**

When remains are interred in a government cemetery, the person who pays the expenses incident to interment may be reimbursed by the government in an amount not to exceed \$75.00.

Under no circumstances will reimbursement of interment expenses be allowed in excess of the amounts stated above. Any additional expenses will

be a responsibility of the person who incurs such expenses.

Items considered "incident to interment" include, but are not limited to, one or more of the following: cost of grave site; opening and closing the grave; use of cemetery equipment; purchase of burial vault; church service or clergy's fee; services of a funeral director, including use of his facilities; transportation of relatives and friends to and from the funeral home, church, and cemetery; obituary notices; flowers.

I. TO BE FILLED IN BY INITIATING INSTALLATION

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF DECEDENT LEWIS William D.	2. GRADE Major	3. SERVICE NUMBER 37632A
4. NAME OF NEXT OF KIN, AND RELATIONSHIP Mrs. June D Lewis (Wife)	5. DATE OF DEATH 18 Apr 60	6. PLACE OF DEATH 1/2 mile southwest of runway 03, Great Falls International Airport South of Great Falls, Montana

II. TO BE FILLED IN BY CLAIMANT AND NEXT OF KIN

7. NAME OF CEMETERY OR CREMATORY Forest Park	8. TYPE OF CEMETERY	
9. ADDRESS OF CEMETERY OR CREMATORY Houston, Texas	<input checked="" type="checkbox"/> CIVILIAN	<input type="checkbox"/> GOVERNMENT
CERTIFICATION OF CLAIMANT: I CERTIFY THAT THE SUM SHOWN IN ITEM 10 WAS DISBURSED BY ME IN CONNECTION WITH DISPOSITION OF REMAINS OF ABOVE NAMED DECEDENT.		10. SUM DISBURSED
11. ADDRESS OF CLAIMANT Heights Blvd. Houston, Texas	12. PRINTED NAME OF CLAIMANT Heights Funeral Home	13. SIGNATURE OF CLAIMANT

(TO BE COMPLETED ONLY IF THE CLAIMANT IS OTHER THAN THE NEXT OF KIN AS SHOWN IN ITEM 4 ABOVE)

I DESIRE THAT THE AUTHORIZED REIMBURSEMENT BE PAID BY THE GOVERNMENT DIRECT TO THE CLAIMANT

14. ADDRESS OF NEXT OF KIN 3825 5th Avenue South Great Falls, Montana	15. PRINTED NAME OF NEXT OF KIN June	16. SIGNATURE OF NEXT OF KIN
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III. INSTRUCTIONS TO CLAIMANT

17. SIGN AND RETURN THE ORIGINAL AND 3 COPIES OF THIS FORM TO:

**COMMANDER
4061ST AIR REFUELING WING
MALMSTROM AIR FORCE BASE, MONTANA**

IV. FOR USE OF INITIATING INSTALLATION ONLY

(After payment has been made, this form will be forwarded to CG, AMC Atto: MCMOXG)

20. DATE	18. PAYMENT MADE TO	19. VOUCHER NUMBER
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