

Norcross, Thornton-Cleveleys  
Lancashire, England, FY5 3WP  
Freephone: 0800 169 22 77  
Overseas: + 44 1253 866 043  
Textphone: 0800 169 34 58  
veterans.help@spva.gsi.gov.uk  
www.veterans-uk.info

If you contact us please quote:

Team      Room

Date

## Claim for Funeral Expenses

Thank you for asking for a funeral expenses claim form.

Funeral Expenses are only payable if the claim is made within 3 months of the date of the funeral.

We can only consider claims from the person who paid for the funeral, or the executor of the estate.

**Complete the form and return it to us within 3 months of the date we issued it. Where you are asked to provide information, please give as much details as possible. A prepaid envelope is enclosed.**

If you want to send us anything which you think may help your claim please do so. We will return these things to you, but we cannot pay back any money you have spent to get this information.

**Remember to send us the original death certificate or a certified copy. If you sent the original, we will send it back to you.**

If you need any help completing this form the Service Personnel and Veterans Agency (SPVA) Veterans Welfare Service can help. Please see our contact details above.

Meanwhile, if you need any further help or advice please let us know.

Yours sincerely

For Chief Executive

This form is about

Postcode

## Your reply

### Part 1 - About you

Surname

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Other names

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Title

Mr/Mrs/Miss/Ms/Other
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Full address

Postcode

Phone number

Code	Number
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Date of birth

/	/
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National Insurance number

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Are you paying for the funeral?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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How are you related to the person who died?

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Are you the next of kin?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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**Part 2 - About the person who died**

Date of birth

/	/
---	---

Date of death

/	/
---	---

Address of their local Jobcentre Plus

Postcode

GP's name

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Surgery address

Postcode

Surgery phone number

Code	Number
------	--------

Has this person had any hospital treatment in the past 5 years?

No       Yes

If yes, please give details of any treatment below

Hospital name and address	In-patient or Out-patient	Admission date	Discharge date

### Part 3 - About the death

Please tell us below why you think death was caused by service in HM Forces or war injuries.

### Part 4 - About the funeral

Do you know the date of the funeral?

No

Yes

If yes, please tell us the date

	/	/
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Has anyone made a claim from the Social Fund for this funeral?

No

Yes

If yes, what is their name and address?

Postcode

Who is paying the funeral costs?

Postcode

## Data protection

The Ministry of Defence is a Data Controller for the Data Protection Act 1998. Under the act you have a right of access to your personal information held by the Service Personnel and Veterans Agency. If you want to ask for a copy of that information, please writ to us quoting your National Insurance number.

The Ministry of Defence is committed to ensuring that all your personal data is processed in accordance with the Data Protection Act 1998.

The personal data (including sensitive personal data, for example information about your physical or mental health or condition) collected and contained within this form will be retained on your physical file and may be used for all lawful purposes including:

- by the Ministry of Defence and its agents in connection with all matters relating to the AFCS claim or a War Pension claim and any other claims against the Ministry of Defence
- by other Government Departments which have a legitimate interest in this information for example for the purposes of research or for the prevention and detection of crime.

## Declaration

**I confirm** that the information I have given is accurate and complete to the best of my knowledge and belief.

**I understand** that the information and personal data I have provided on this form, and any information and personal data I provide subsequently may be:

- used by the Ministry of Defence (MOD) in connection with my claim, or any subsequent reconsideration, review or appeal, under the Armed Forces Compensation Scheme (AFCS) or the Service Pensions Order (SPO) or any other schemes administered by the Service Personnel and Veterans Agency (SPVA).
- passed to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner asked by the MOD to provide specialist advice.
- passed to the Department for Work and Pensions.
- used by the MOD and its agents in connection with all matters relating to this or future claims, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or other schemes administered by the SPVA, and other claims against the MOD, and by other Government Departments, which have a legitimate interest in this information for example, for the prevention and detection of crime.

## I understand

- I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award under the AFCS, a war pension, a supplementary allowance or any survivors' benefits paid under the SPO, or an award paid under any other scheme administered by the SPVA, including any changes of address.
- if I knowingly give false information, I may be liable to prosecution.

**I agree that**

- the MOD and
- any doctor advising the MOD and
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation

may ask

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as a physiotherapist)

for copies of all medical records (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA.

And that the MOD may

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA, to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner or consultant asked by the MOD to provide specialist advice. I understand that the information will be retained by the MOD, either as a written record, or on a secure database, and may be used in future if it is necessary to reconsider or review my claim and any award made.

**I agree**

- to refund any sum paid as a result of this claim in the event that an overpayment is made for any reason.

**Remember**

**You must sign this form yourself if you can - even if someone else has filled it in for you. If a representative who acts as Power of Attorney or Appointee for the claimant is signing this form, they must enclose evidence to show that they are the legal representative.**

**Signature**

**Date**