

Authorization & Claim Form

Request for Veteran's Interment Benefit

Flathead County
800 S. Main St.
Kalispell, MT 59901-5400
(406) 758-5704 or (406) 758-5539

Note: This document authorizes Flathead County Finance Department to directly pay the veteran's interment benefit to the authorized representative as defined in Flathead County's Policy for Veteran's allowance for burial and headstone placement.

AUTHORIZATION AND CLAIM INFORMATION

DATE: _____ CLAIM AMOUNT: * \$ _____ . _____ **attach copy of paid Invoice*

REMIT PAYMENT TO: _____
(MAILING ADDRESS) _____

PHONE: _____

DECEDENT INFORMATION

VETERAN'S NAME: _____

MILITARY BRANCH: * _____ **attach copy of DD214 or discharge*

DATE OF DEATH: * _____ **attach copy of death certificate*

Cremation: _____ Burial: _____ Monument Placement: _____

Authorized Signature: _____

**Required attachments must be attached in order to process claim*