

**Please read  
before you  
complete this  
form**

This application form is to apply for assistance in relation to funeral expenses of a deceased veteran.

To apply, you must fully complete this application form and provide any supporting information or evidence required by Veterans' Affairs (VA).

**If your application is incomplete it will be returned to you unprocessed.**

Further information can be found on our website [www.va.mil.nz/a-z/funeral-expenses](http://www.va.mil.nz/a-z/funeral-expenses)

**Eligibility**  
(sections 152 - 155,  
Veterans' Support  
Act 2014)

Eligibility for funeral expenses and the amount VA may pay or contribute to funeral expenses is dependent on whether the veteran had undertaken qualifying operational service, or veteran's death was service-related.

**Death due to qualifying service:**

If VA determines that the veteran had undertaken qualifying operational service or suffered a service-related death, VA may pay or contribute to the payment of the expenses of the funeral and burial or cremation of the veteran. If the veteran dies in hospital, VA may also pay or contribute to the costs of transporting the veteran, dependent on the locality of the burial or cremation in relation to where the veteran was admitted to hospital.

**Death not due to qualifying service:**

Funeral expenses: other deceased veteran (Scheme One veterans only)

If VA determines that a Scheme One veteran had not undertaken qualifying operational service or their death was not service-related, but

- The veteran leaves a surviving spouse or partner, or a child, or dependant, who will, in the opinion of VA be entitled to Surviving Spouse or Partner Pension, Children's Pension or Dependant's Pension; AND
- The veteran was, at the time of death, receiving any of the following entitlements:
  - Weekly Income Compensation
  - Veteran's Pension
  - New Zealand Superannuation
  - Supported Living Payment under the Social Security Act 1964

VA may pay a reasonable amount in respect of the funeral and burial or cremation of the veteran, but not transportation expenses.

**Process for  
deciding  
claims**

(sections 14 - 21,  
Veterans' Support  
Act 2014)

VA will make a decision on your claim as soon as is reasonably practicable after receiving the claim. VA may need to wait for you or any other person to provide further information required to determine whether or not to accept your claim.

**Offences**  
(section 270,  
Veterans' Support  
Act 2014)

It is an offence to make a false statement or provide misleading information and anyone who does so commits an offence against this section and is liable on conviction to a term of imprisonment not exceeding 3 months or a fine not exceeding \$5,000.

**Assistance**

If you have any questions or require assistance completing this form, you can contact us using the details shown below or a person from an ex-service organisation:

**Freephone 0800 483 8372 / 0800 4 VETERANS** (or +64 4 495 2070 if calling from overseas)

# Funeral Expenses application information

(Issued under sections 27 and 213 of the Veterans' Support Act 2014)

## Completing your application

This application form must be completed and signed by the claimant or:

- any person requested by the claimant to complete the form (the claimant must complete the Signature); or
- the holder of a Power of Attorney or other recognised authority (refer to page 10).

### Step 1:

Complete pages 3–7\*; read the Privacy Statement on page 10; and complete the Signature on page 10.

If a question is not applicable, please write N/A. If there is insufficient space to answer a question, please include additional sheet/s of paper to complete your answer, including the question or page number it relates to.

#### **\*Please note:**

*Page 5 (Late Veteran's Employment and Service History) does **not** need to be completed if the late veteran was in receipt of a War Disablement Pension or Disablement Pension. If the late veteran had qualifying operational service you only need to fill in section 21 listing qualifying operational deployments.*

*Page 7 (Transportation Expenses) only needs to be completed if the veteran died in hospital.*

### Step 2:

If required, arrange completion of pages 8–9\* (Late Veteran's Medical Certificate) by the late veteran's Medical Practitioner. Any costs associated with the gathering of information or completion of the Medical Certificate will need to be met by the claimant.

#### **\*Please note:**

*Pages 8–9 (Late Veteran's Medical Certificate) do **not** need to be completed if:*

- *Medical Certificate not required if the veteran has undertaken qualifying operation service (see list of qualifying operational service under the Veterans' Support Act 2014 on VA website)*
- *the primary cause of death was an accepted disability; or*
- *VA has already determined the veteran's death was service-related, or that the qualifying criteria for a Funeral Expenses grant has already been met.*

*If the late veteran was in receipt of a permanent War Disablement Pension of 70% or more, or a permanent Disablement Pension of 52% in relation to whole-person impairment, for accepted disabilities that were **not** the cause of death, then pages 8–9 only need to be completed if there is **additional** medical information that relates the death to service.*

## Documents required with this application

The following documents **must** be submitted with your application:

- a certified copy of the late veteran's death certificate (if not already provided).
- an itemised copy of the funeral account.
- if the funeral account has been paid, a copy of the receipt, showing the name of the person who paid the account.
- bank details of the person who paid the funeral account - an original or certified copy of their bank statement showing the account number and name OR a preprinted deposit slip stamped by their bank.

A 'certified' copy is an original document that has been photocopied and certified as a true copy by one of the following:

- Work and Income; Justice of the Peace; Solicitor; Police Officer; Registered Medical Professional; Court Registrar; or other people authorised to take statutory declarations.

## Claimant's Personal Details

**1 Title**  Mr  Mrs  Miss  Ms  Dr  Other

**2 Surname**

**3 Given Name/s**

**4 Contact Details**

Postal Address	
<input type="text"/>	
Country (if not New Zealand)	Post Code
Home Phone	Work Phone
Mobile Number	Fax Number
E-mail Address	
<input type="text"/>	

**5 Relationship to veteran**

## Late Veteran's Personal Details

**6 Work and Income / Client Number (if known)**

**7 Title** Mr  Mrs  Miss  Ms  Dr  Other

**8 Surname**

**9 Given Name/s**

**10 Date of Birth**

**11 Date of Death**

**12 Relationship status at time of death**

Married  Civil Union  De facto  Separated  Divorced  Single

**13 Full name of veteran's partner (if applicable)**

**14 Residential address (at time of death)**

<input type="text"/>
<input type="text"/>
Country (if not New Zealand)

## 15 Dependant Children

Children who were living with the veteran as a family member who were financially supported by the veteran, including:

- natural children; stepchildren; children at boarding school; adopted children; grandchildren and whāngai child/children.

Did the veteran have any dependant children?  No  Yes If yes, please list details below

Name	
Date of Birth	
Relationship to veteran	

Name	
Date of Birth	
Relationship to veteran	

## 16 Pensions or Entitlements

Please indicate if the veteran was in receipt of any of the following pensions or entitlements:

- War Disablement Pension or Disablement Pension
- Weekly Income Compensation
- Veteran's Pension
- New Zealand Superannuation
- Supported Living Payment under the Social Security Act 1964

## 17 Executor/s Details

Name (and organisation if applicable)	
Address	
Country (if not New Zealand)	Post Code
Phone number	Fax number
E-mail Address	
Name (and organisation if applicable)	
Address	
Country (if not New Zealand)	Post Code
Phone number	Fax number
E-mail Address	

## Late Veteran's Employment and Service History

If late veteran did not have qualifying operational service, fill in 18-22.  
 If late veteran did have qualifying operational service, only fill in 21 on this page.  
 Continue from 23.

### 18 Details of Employment

Please provide details of the veteran's employment before **and** after service in the NZ Defence Force (NZDF)

Employer	Nature of Work	Commenced		Ended	
		Month	Year	Month	Year

### 19 Qualifying Service Refer to the list of qualifying service deployments on our website

Please state the veteran's qualifying service deployment/s below:


### 20 Details of Service

Please provide details of the veteran's service in NZDF **and** forces of other countries (if known)

Service Number	Trade/Corps/Branch	Nature of duties (and country served for)	Enlistment & Discharge dates (if known)
			/ / to / /

### 21 Operational Deployments

Did the veteran serve overseas?  No  Yes If yes, please list details below (if known)

Operational Deployment	Role	Commenced		Ended	
		Month	Year	Month	Year

### 22 Prisoner of War Was the veteran a Prisoner of War? No Yes

If yes, please state where the veteran was captured and imprisoned, and dates if known

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# Funeral Expenses

## 23 Funeral Director's Details

Company Name	
Address	
Country (if not New Zealand)	Post Code
Phone number	Fax number
E-mail Address	

## 24 Funeral Account


Has the funeral account been paid?  No  Yes If yes, who paid the account?

 Attach an itemised copy of the funeral account. If the funeral account has been paid we also require a copy of the receipt, which must show the name of the person who paid the account.

## 25 Funeral Expenses grant

If a Funeral Expenses grant is made, payment will be made to the person who paid the funeral account. Please provide bank details of the person who paid the funeral account.

Name of Bank	Branch
Account Name	


 Write the bank account number below and attach an original or certified copy of the bank statement showing the account number and name **OR** a preprinted deposit slip stamped by the bank.

Bank	Branch	Account number
■ /	■ ■ /	■ ■   / ■ ■

## 26 Other Funeral Assistance

Has any assistance been received by another agency e.g. ACC, Work and Income, RSA?

No  Yes If yes, please state who by and the amount of grant/assistance received

 *If the funeral account has not been paid at the time of application submission, but is paid prior to a decision being made on your application by Veterans' Affairs, please contact us to advise who has paid the account and send in the evidence requested at questions 23 and 24.*



# Late Veteran's Medical Certificate - to be completed by a Medical Practitioner

Refer to page 2 to check if the Medical Certificate requires completion

**30** Veteran's Name

**31** Veterans NHI Number

**32** **Enrolment History** Was the veteran enrolled with your practice?  No  Yes

If yes, how long had they been enrolled with you?  Years  Months

If no, provide the name and contact details of their usual medical practitioner (if known)

Name of Practitioner
Practice Name

**33** **Details of the conditions the veteran had prior to his/her death**

Medical diagnosis	
Date first diagnosed	How long did you treat this condition for?
Was this condition current at the time of the veteran's death?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What would you assess the level of disablement/severity to have been?	
Did the veteran have a specialist assessment of this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes please attach a copy of the report, or provide contact details of specialist</b>	
<input type="text"/>	

Medical diagnosis	
Date first diagnosed	How long did you treat this condition for?
Was this condition current at the time of the veteran's death?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What would you assess the level of disablement/severity to have been?	
Did the veteran have a specialist assessment of this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes please attach a copy of the report, or provide contact details of specialist</b>	
<input type="text"/>	

Medical diagnosis	
Date first diagnosed	How long did you treat this condition for?
Was this condition current at the time of the veteran's death?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What would you assess the level of disablement/severity to have been?	
Did the veteran have a specialist assessment of this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes please attach a copy of the report, or provide contact details of specialist</b>	
<input type="text"/>	





## Privacy Statement

### You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

### Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

### I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

## Signature | Please sign

### Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

D D / M M / Y Y Y Y

### Helper | Complete this section if you've helped the claimant to complete this form.

Helper name

Helper's relationship to claimant

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## Checklist

- Please complete the checklist below to ensure your application is complete:**
- I have fully completed my application form.
- I have provided a certified copy of the late veteran's death certificate (if not already provided).
- I have provided an itemised copy of the funeral account.
- If applicable, I have provided a copy of the funeral account receipt, showing the name of the person who paid the funeral account.
- If applicable, I have attached an original or certified copy of a bank statement showing the account number and name OR a preprinted deposit slip stamped by the bank, for the person who paid the funeral account.
- If applicable, I have completed the Transportation Expenses on page 7 and attached evidence of the method/s of transport.
- If applicable, I have attached an original or certified copy of a bank statement showing the account number and name OR a preprinted deposit slip stamped by the bank, for the person who paid the transportation expenses.
- If applicable, the late veteran's Medical Practitioner has completed the Medical Certificate on pages 8–9 and attached medical records to support the application.
- I have read the Privacy Statement on page 10, and completed the Signature on page 10.
- I have written my name and address in the application receipt below (we will return this to you when we receive your application for your records).

**Send your completed application to:**

Veterans' Affairs  
PO Box 5146  
Lambton Quay  
WELLINGTON 6140