

**APPLICATION FOR PAYMENT TO DECEASED OR INCAPACITATED PARTICIPANT**

<b>Statement of Representation</b> It is hereby certified by the undersigned successor(s) or representative(s) that the participant named below died or became incapacitated on the date shown, and there is a claim for payment due to said person under a USDA program pursuant to applicable regulations, and includes contract item numbers and practices shown. As set forth below, each of the undersigned submit applications for payment of his/her share of such claim.	<b>Program</b>	<b>County and State</b>
	<b>Contract Number</b>	<b>Payment Request Number</b>
<b>Participant</b>	<input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated	<b>Date</b>

Contract Item No.	Practice or Activity	Completion Date	Inspection Date	Amount Earned	Payment Limitation Reduction

It is hereby certified by the undersigned successor(s) or representative(s) that the persons named below constitute all the persons authorized by the regulations to submit application for the amount of said claim including any unnegotiated checks or certificates drawn payable to the order of the named participant and the following is a correct statement of the data respecting such persons required by said regulations. If among the persons listed below there are minors or incompetents, they are in the care and custody of a natural guardian, custodian, legally appointed guardian, conservator, or committee, as the case may be, and the payments applied for will be used for their benefit and support.

Name, Address, Telephone	Capacity	Payment Share	Payment

If this form is used in connection with an application for payment or other document executed by the undersigned and is submitted as a basis for a payment not previously made to the deceased or incapacitated person, terms such as "applicant," "the undersigned," and the "producer," in such application for payment or similar document shall, as the context thereof may require, be deemed to refer to the applicants signing this application, the person who died or was incapacitated, or both. Any statement or declaration in such document of acts performed by the deceased or incapacitated person shall be considered to have been made to the best of the knowledge, information, and belief of the successor(s) or representative(s) signing this application.

SIGNATURE OF EACH PERSON LISTED ABOVE OR HIS/HER AUTHORIZED REPRESENTATIVE			
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>

The undersigned authorized NRCS official certifies that the right of the applicant(s) to file this claim was determined in accordance with the regulations of the Department of Agriculture, and that the statements contained herein have been examined and are believed to be true and correct to the best of the knowledge and belief of the undersigned.

<b>Signature</b>	<b>Date</b>

**PRIVACY ACT STATEMENT**

The above statements are made in accordance with the Privacy Act of 1974 (U.S.C. 522a). Furnishing this information is voluntary; however, failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other state or federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

**NONDISCRIMINATION STATEMENT**

The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964.

**Instructions for NRCS-CPA-125**

***APPLICATION FOR PAYMENT OF AMOUNTS DUE PERSONS WHO HAVE DIED OR ARE INCAPACITATED***

This form is used to request payments that were earned by a producer that earned the payment prior to death or incapacitation. This request must be made prior to issuance of the payment by NRCS. Submit the original of the completed form in hard copy or facsimile to your NRCS servicing office.

Field Name	Instruction
Program	Enter the program funding the contract
County and State	Enter the servicing county and state
Contract Number	Enter the contract number
Payment Request Number	Enter the number of payment request
Participant	Enter the name of the program participant who died or became incapacitated.
Disposition of Participant	Check the applicable box and enter the date participant died or was declared incompetent or approximate date of disappearance.
Contract Item No.	Enter the number of all unpaid contract items completed by the participant.
Practice/Activity	Enter the practice/activity code or name, including the date of completion.
Inspection Date	Enter the date of inspection to certify completion.
Amount Earned	Enter amount of item cost based on extent completed to NRCS specifications.
Payment Limitation Reduction	Enter payment limitation reduction as shown on NRCS-CPA-1155.
Certification Statement	Please read.
Name, Address, Telephone	If the participant is deceased/incapacitated enter the name, address, and telephone of the person(s) in the following categories in which there is an eligible applicant, and list their share of entitlement:
	Administrator or executor of the estate
	Surviving spouse
	Surviving child(ren) (including adopted children)
	Surviving parent
	Surviving sibling(s)
	Such heirs (next of kin)
Capacity	Enter the relationship or capacity of the name(s) entered in item 11.
Name of Minor or Incompetent	If any of the persons listed is a minor or is under any legal disability, in the same field, enter the name and address of the person (guardian, custodian, etc.) representing the minor or incompetent person.
Signature(s) of Claimant(s)	All persons listed must sign and date this document.
Signature of NRCS Official	An authorized NRCS official will review for accuracy and sign. Some cases may require Office of General Counsel (OGC) opinion.
OGC Concurrence	As applicable, concurrence must be obtained to verify the accuracy of the submitted claim.

**Note:** Each person listed for share of the payment must provide an SF-1199A, Direct Deposit Form.