



Department of Veterans Affairs

STATEMENT OF PERSON CLAIMING TO HAVE STOOD IN RELATION OF PARENT

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what have been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine eligibility for service-connected death benefits (38 U.S.C. 1315 and 5101). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 2 hours to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INSTRUCTIONS: Answer all questions as fully as possible. If you do not know the answer, enter "Unknown." If additional space is needed, attach a SIGNED sheet of paper indicating the item number to which the answer apply. Parts II and III should each be completed by disinterested persons who have personal knowledge of the relationship which existed between the claimant and the veteran.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN <i>(Typed or print)</i>	2. VA FILE NUMBER XC-/XSS
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PART I - STATEMENT OF CLAIMANT

3A. NAME AND ADDRESS OF CLAIMANT <i>(Including ZIP Code)</i>	3B. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>
	3C. EVENING TELEPHONE NUMBER <i>(Include Area Code)</i>

4. YOUR RELATIONSHIP TO VETERAN BY BLOOD OR MARRIAGE <i>(Stepfather, Sister, etc., if none state "None")</i>	5A. CLAIMANT'S SOCIAL SECURITY NUMBER	5B. CLAIMANT'S DATE OF BIRTH
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6A. ARE YOU MARRIED TO A PARENT OF THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes", complete 6B and 6C)</i>	6B. DATE OF MARRIAGE	6C. PLACE OF MARRIAGE
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INFORMATION ABOUT THE VETERAN

7A. VETERAN'S DATE OF BIRTH	7B. VETERAN'S SOCIAL SECURITY NUMBER	8. PLACE OF BIRTH
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9. DATE OF DEATH	10. PLACE OF DEATH
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11A. NAME OF VETERAN'S OWN FATHER <i>(If deceased, complete 11B)</i>	12A. NAME OF VETERAN'S OWN MOTHER <i>(If deceased, complete 12B)</i>
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11B. DATE OF DEATH OF VETERAN'S OWN FATHER	12B. DATE OF DEATH OF VETERAN'S OWN MOTHER
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11C. ADDRESS OF VETERAN'S OWN FATHER, IF LIVING	12C. ADDRESS OF VETERAN'S OWN MOTHER, IF LIVING
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13A. WAS VETERAN EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes", complete 13B and 13D)</i>	13B. FULL NAME OF SPOUSE
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13C. DATE OF MARRIAGE	13D. ADDRESS OF SPOUSE, IF LIVING
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INFORMATION ABOUT SURVIVING BROTHERS AND SISTERS OF VETERAN

14A. NAME	14B. AGE	14C. ADDRESS

INFORMATION ABOUT THE VETERAN

15A. DATE VETERAN WAS PLACED IN YOUR CUSTODY OR CARE

15B. NAME AND ADDRESS OF ORGANIZATION, INSTITUTION, OR PERSON THAT PLACED THE VETERAN IN YOUR CUSTODY OR CARE

IMPORTANT - If you entered into a written agreement at the time veteran was placed in your custody or care, attach a copy of the agreement.

16. CIRCUMSTANCES OF YOUR OBTAINING CUSTODY OR CARE OF THE VETERAN (*Explain fully*)

17. NAME OF HEAD OF HOUSEHOLD IN WHICH YOU LIVED AT TIME YOU ASSUMED ALLEGED RELATIONSHIP OF PARENT TO VETERAN

18A. NAME AND ADDRESS OF PERSON WHO PROVIDED VETERAN WITH A PLACE TO LIVE AFTER YOU ASSUMED ALLEGED RELATIONSHIP OF PARENT TO VETERAN

18B. PERIOD(S) OF TIME THIS PERSON FURNISHED VETERAN WITH A PLACE TO LIVE

18C. ADDRESSES AT WHICH VETERAN LIVED DURING PERIOD SHOWN IN ITEM 18B

FROM

TO

19A. DID YOU PROVIDE FOR SCHOOLING OR TRAINING OF VETERAN?

YES NO (*If "Yes", complete Items 19B, 19C and 19D*)

19B. DATE

FROM

TO

19C. NAME AND ADDRESS OF SCHOOL

19D. TYPE OF COURSE OR TRAINING TAKEN

20. APPROXIMATE AMOUNTS SPENT BY YOU FOR VETERAN'S SUPPORT, CLOTHING, SCHOOLING, AND OTHER NECESSARY EXPENSES (*Explain fully*)

ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT (*If none, state "None"*)

21A. NAME AND ADDRESS

21B. AMOUNT OF CONTRIBUTION

21C. PURPOSE

21D. DATE OF CONTRIBUTION

ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT (*If none, state "NONE"*)

22A. NAME

22B. ADDRESS
(*If person is deceased, give date of death.*)

22C. DATES OF CUSTODY OR CARE
(*If exact dates are unknown give approximate dates*)

INFORMATION ABOUT THE RELATIONSHIP *(Continued)*

23A. DID VETERAN CONTRIBUTE TO YOUR SUPPORT AT ANY TIME?

YES NO *(If "Yes", complete Item 23B)*

23B. AMOUNT CONTRIBUTED AND CIRCUMSTANCES UNDER WHICH CONTRIBUTED *(Explain fully)*

INFORMATION ABOUT VETERAN'S EMPLOYMENT

24A. WAS VETERAN EMPLOYED DURING PERIOD HE/SHE WAS IN YOUR CUSTODY OR CARE?

YES NO *(If "Yes", complete Items 24B, 24C and 24D)*

24B. DATE OF EMPLOYMENT	24C. NAME AND ADDRESS OF EMPLOYER	24D. AMOUNT EARNED

25. DID THE VETERAN IN A NOTE, LETTER, DOCUMENT, INSURANCE POLICY OR ANY RECORD, REFER TO YOU AS A PARENT?

YES NO *(If "Yes", explain fully)*

IMPORTANT - Attach letters, notes, records or other evidence which tend to show the relationship which existed between you and the veteran. This evidence will be returned to you, if requested.

26. OTHER FACTS WHICH SHOW THE RELATIONSHIP THAT EXISTED BETWEEN YOU AND THE VETERAN

CERTIFICATE AND SIGNATURE OF CLAIMANT

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

27. DATE	28. SIGNATURE OF CLAIMANT
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WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK

NOTE: Signatures made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signature and addresses of the witnesses must be shown below.

29. SIGNATURE OF WITNESS	30. ADDRESS OF WITNESS
31. SIGNATURE OF WITNESS	32. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for willful submission of any statement or evidence of a material fact, knowing it to be false.

PART II - STATEMENT OF DISINTERESTED PERSON NO. 1

NOTE: Read Instructions on page 1 before completing.

1. NAME AND ADDRESS OF DISINTERESTED PERSON	2. AGE	3. OCCUPATION
	4. YOUR RELATIONSHIP TO DECEASED VETERAN	
	5. LENGTH OF TIME YOU KNEW VETERAN	
6. YOUR RELATIONSHIP TO CLAIMANT	7. LENGTH OF TIME YOU HAVE KNOWN CLAIMANT	

8. WERE YOU IN A POSITION PERSONALLY TO OBSERVE THE CONDUCT AND ATTITUDE OF THE CLAIMANT AND THE VETERAN TOWARD EACH OTHER?
 YES NO (If "Yes", explain fully your position to make these observations and give number of months or years you observed this relationship)

9. FACTS BASED ON YOUR PERSONAL KNOWLEDGE WHICH SHOW WHETHER OR NOT CLAIMANT ACTED AS "PARENT" TO THE VETERAN (Explain in detail, giving facts relating to veteran's support, guidance, training, etc.)

INFORMATION ABOUT PERIODS OF TIME VETERAN LIVED IN SAME HOUSEHOLD WITH CLAIMANT

10A. DO YOU KNOW OF YOUR OWN KNOWLEDGE WHETHER THE VETERAN LIVED IN THE SAME HOUSEHOLD WITH THE CLAIMANT?
 YES NO (If "Yes", complete Items 10B and 10C)

10B. DATES		10C. ADDRESS
FROM	TO	

11. DO YOU KNOW OF YOUR PERSONAL KNOWLEDGE WHO SUPPORTED THE VETERAN?
 YES NO (If "Yes", explain in detail)

12. DID ANY OTHER PERSONS STAND IN THE RELATIONSHIP OF PARENT TO THE VETERAN?
 YES NO (If "Yes", explain fully)

PART II - STATEMENT OF DISINTERESTED PERSON NO. 1 *(Continued)*

13. WHAT IS THE MEANS OF YOUR KNOWLEDGE OF THE INFORMATION FURNISHED IN ITEMS 9 THROUGH 12?

14. PLACES WHERE YOU LIVED, AND DATES OF EACH RESIDENCE, DURING PERIOD CLAIMANT ALLEGED CUSTODY OR CARE OF VETERAN

CERTIFICATE AND SIGNATURE OF DISINTERESTED PERSON

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

15. DATE

16. SIGNATURE OF DISINTERESTED PERSON

WITNESSES TO SIGNATURE OF DISINTERESTED PERSON IF MADE BY "X" MARK

NOTE: Signatures made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signature and addresses of the witnesses must be shown below.

17. SIGNATURE OF WITNESS

18. ADDRESS OF WITNESS

19. SIGNATURE OF WITNESS

20. ADDRESS OF WITNESS

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PART III - STATEMENT OF DISINTERESTED PERSON NO. 2

NOTE: Read Instructions on page 1 before completing.

1. NAME AND ADDRESS OF DISINTERESTED PERSON *(Type or Print)*

2. AGE

3. OCCUPATION

4. YOUR RELATIONSHIP TO DECEASED VETERAN

5. LENGTH OF TIME YOU KNEW VETERAN

6. YOUR RELATIONSHIP TO CLAIMANT

7. LENGTH OF TIME YOU HAVE KNOWN CLAIMANT

8. WERE YOU IN A POSITION PERSONALLY TO OBSERVE THE CONDUCT AND ATTITUDE OF THE CLAIMANT AND THE VETERAN TOWARD EACH OTHER?
 YES NO *(If "Yes", explain fully your position to make these observations and give number of months or years you observed this relationship)*

9. FACTS BASED ON YOUR PERSONAL KNOWLEDGE WHICH SHOW WHETHER OR NOT CLAIMANT ACTED AS "PARENT" TO THE VETERAN *(Explain in detail, giving facts relating to veteran's support, guidance, training, etc.)*

PART III - STATEMENT OF DISINTERESTED PERSON NO. 2 (Continued)

INFORMATION ABOUT PERIODS OF TIME VETERAN LIVED IN THE SAME HOUSEHOLD WITH CLAIMANT

10A. DO YOU KNOW OF YOUR OWN KNOWLEDGE WHETHER THE VETERAN LIVED IN THE SAME HOUSEHOLD WITH THE CLAIMANT?

YES NO (If "Yes", complete Items 10B and 10C)

10B. DATES

10C. ADDRESS

FROM

TO

11. DO YOU KNOW OF YOUR PERSONAL KNOWLEDGE WHO SUPPORTED THE VETERAN?

YES NO (If "Yes", explain in detail)

12. DID ANY OTHER PERSONS STAND IN THE RELATIONSHIP OF PARENT TO THE VETERAN?

YES NO (If "Yes", explain fully)

13. WHAT IS THE MEANS OF YOUR KNOWLEDGE OF THE INFORMATION FURNISHED IN ITEMS 9 THROUGH 12?

14. PLACES WHERE YOU LIVED, AND DATES OF EACH RESIDENCE, DURING PERIOD CLAIMANT ALLEGED CUSTODY OR CARE OF VETERAN

CERTIFICATE AND SIGNATURE OF DISINTERESTED PERSON

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

15. DATE

16. SIGNATURE OF DISINTERESTED PERSON

WITNESSES TO SIGNATURE OF DISINTERESTED PERSON IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of the witnesses must be shown below.

17. SIGNATURE OF WITNESS

18. ADDRESS OF WITNESS

19. SIGNATURE OF WITNESS

20. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for willful submission of any statement or evidence of a material fact, knowing it to be false.