



REPORT OF DEATH OF VETERAN/BENEFICIARY

NOTE - This form must be filled out in ink or on a typewriter/computer as it becomes a permanent record in the veteran's folder.

1. VA OFFICE		2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)	
3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)		4. DATE OF CONTACT (Month, day, year)	
5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code)			
6. NAME OF PERSON WHO CONTACTED YOU		7. TYPE OF CONTACT (Check) <input type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE	
8. ADDRESS OF PERSON WHO CONTACTED YOU		9. TELEPHONE NUMBER OF PERSON WHO CONTACTED YOU (Include Area Code) ()	10. E-MAIL ADDRESS OF PERSON WHO CONTACTED YOU (If applicable)

FNOD

I identified myself as a VA employee who is authorized to receive information (38 CFR 3.217)

11. IDENTIFYING INFORMATION

A. NAME OF DECEASED	B. RELATIONSHIP TO VETERAN <input type="checkbox"/> VETERAN <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> SURVIVING CHILD <input type="checkbox"/> OTHER _____
C. DATE OF DEATH (Month, day, year)	D. IF THE DECEASED IS THE VETERAN DID HE/SHE DIE AT A VA FACILITY <input type="checkbox"/> YES <input type="checkbox"/> NO (If, "Yes," provide name, city and state _____)

E. NAME OF VETERAN'S SURVIVING DEPENDENT(S) (If any)	F. SURVIVING DEPENDENTS(S) ADDRESS & PHONE NUMBER (If needed)

12. DEATH OF VETERAN - FNOD ACTION

- ADVISED CALLER THAT THE BENEFITS WILL BE STOPPED THE FIRST OF THE MONTH OF DEATH
- REVIEWED VETERAN'S RECORD
- ANSWERED QUESTIONS CONCERNING POSSIBLE BENEFIT ENTITLEMENTS REFERRING TO "DEATH RELATED INFORMATION CHECKLIST" WORK AID
- PROCESSED VETERAN'S FNOD IN SHARE
 YES NO (If, "No," explain _____)
- SENT: PMC NOK LETTER 21-530 21-534 40-1330 OTHER (Please specify) _____

13. DEATH OF A NON-VETERAN BENEFICIARY - FOR STOP PAYMENT ACTION

- CLAIMS FILE LOCATION _____
- ADVISED CALLER THAT THE CHECK ISSUED FOR THE MONTH IN WHICH THE BENEFICIARY DIED WILL HAVE TO BE RETURNED, OR IN THE CASE OF DIRECT DEPOSIT WILL BE RECOVERED FROM THE BENEFICIARY'S ACCOUNT.
- ADVISED CALLER OF POSSIBLE BURIAL OF SPOUSE/CHILD IN NATIONAL CEMETERY PER <http://www.cem.va.gov/ce/pdf/burialin.pdf>
- ROUTED THIS REPORT OF DEATH TO REGIONAL OFFICE OF JURISDICTION VIA ENCRYPTED E-MAIL FOR STOP PAYMENT PROCESSING

DIVISION OR SECTION	EXECUTED BY (Signature and Title)
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I read the following summary of the Privacy Act statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, 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, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/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.