



You are receiving dependency and indemnity compensation (DIC) as the surviving spouse of a veteran who died in service or from service-connected conditions. Generally, a surviving spouse's entitlement to DIC ends with remarriage. If a surviving spouse remarries, entitlement may continue provided the marriage began after age 57 or has been terminated. You are responsible for reporting any change in your marital status.

We need to verify your marital status. Please answer the questions below.

If you do not return this letter with your answers to VA within 60 days of the date shown above, we will stop your DIC benefits. After answering the questions below, please return this letter in the enclosed envelope. Be sure to place it in the envelope so that the return address of the regional office shows through the envelope window.

You have the right at any time to submit additional information or to have a personal hearing to explain or clarify your statements. You also have the right to be represented at the hearing by a representative of your choice.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you:	Here is what to do:
Telephone	Call us at 1-877-294-6380. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.
Use the Internet	Send electronic federal inquiries through the Internet at https://iris.va.gov .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

Sincerely yours,

Pension Management Center Manager

Enclosure

(See Reverse)



Department of Veterans Affairs

MARITAL STATUS QUESTIONNAIRE

PRIVACY ACT INFORMATION: Payment of death benefits cannot be made unless the information requested is furnished as required by existing law (38 U.S.C. 101(3)). The responses you submit are considered confidential, (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits.) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

1A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," please provide the date in Item 1B, the name of your spouse in Item 1C, and your spouse's date of birth in Item 1D)		1B. DATE OF MARRIAGE
1C. NAME OF SPOUSE	1D. SPOUSE DATE OF BIRTH	
2A. HAS YOUR REMARRIAGE BEEN TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," please provide the date in Item 2B and the reason for termination (i.e., death, divorce) in Item 2C)		
2B. DATE OF TERMINATION	2C. REASON FOR TERMINATION	
3A. DAY TIME TELEPHONE (Include Area Code)		3B. EVENING TELEPHONE NUMBER (Include Area Code)
4. E-MAIL ADDRESS		
5A. SIGNATURE		5B. DATE SIGNED