



Department of Veterans Affairs

# STATEMENT OF DISAPPEARANCE

**INSTRUCTIONS** -All questions should be answered in detail and as fully as possible. If you do not know the answer to any question, state "unknown". If you need more space to answer any questions, attach a blank sheet of paper, numbering the answers to correspond with any questions appearing in the statement. You can call VA for free information and help in completing this form toll-free at 1-877-294-6380, (TDD) 711.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN <i>(Print or Type)</i>	FILE NO. <b>XC-</b>
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FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT <i>(Print or Type)</i>	RELATIONSHIP TO MISSING PERSON <i>(Spouse, Mother, Child, etc.)</i>
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FIRST NAME - MIDDLE NAME - LAST NAME OF PERSON WHO DISAPPEARED *(REFERRED TO AS "MISSING PERSON") (Print or Type)*

**PRIVACY ACT NOTICE:** 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, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. 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. You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

**RESPONDENT BURDEN:** We need this information to determine presumption of death for a missing veteran (38 U.S.C. 108). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 2 hours and 45 minutes 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.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**I - INFORMATION REGARDING PERSON COMPLETING FORM**

1. FIRST NAME - MIDDLE NAME - LAST NAME <i>(Print or Type)</i>	2. LENGTH OF TIME MISSING PERSON KNOWN
3. RELATIONSHIP TO CLAIMANT <i>(Mother, close friend, casual friend, etc.)</i>	4. RELATIONSHIP TO MISSING PERSON <i>(Spouse, mother, close friend, casual friend, etc.)</i>

**II - INFORMATION REGARDING MISSING PERSON**

5. DATE OF BIRTH	6. BIRTHPLACE		
7. FATHER'S FULL NAME	8. MOTHER'S FULL MAIDEN NAME		
9. NICKNAMES OR ASSUMED NAMES OF THE MISSING PERSON			
10. HEIGHT	11. WEIGHT	12. COLOR AND LENGTH OF HAIR	13. COLOR OF EYES
14. DID THE MISSING PERSON WEAR A BEARD OR MUSTACHE? <i>(Check)</i> <input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE <input type="checkbox"/> CLEAN SHAVEN		15. RACE	

16. DESCRIBE IN DETAIL ANY TATTOO MARKS, ANY PHYSICAL DEFECTS, OR ANY IDENTIFYING MARKS

17. AT WHAT ADDRESS DID THE MISSING PERSON LIVE AT TIME OF DISAPPEARANCE?	18. WITH WHOM DID HE/SHE LIVE AT TIME OF DISAPPEARANCE?
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19. MARITAL STATUS <i>(Check one)</i> <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	20. WAS THE MISSING PERSON ON GOOD TERMS WITH HIS OR HER FAMILY AND ACQUAINTANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO", explain fully)</i>
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21. IF THE MISSING PERSON WAS DIVORCED, INDICATE THE REASONS FOR DIVORCE AND THE DATE AND PLACE WHERE DIVORCE WAS GRANTED

22. IF THE MISSING PERSON WAS MARRIED, INDICATE THE NAME AND ADDRESS OF SPOUSE AND COMPLETE ITEMS 23 AND 24

23. DID THE MISSING PERSON LIVE CONTINUOUSLY WITH SPOUSE FROM DATE OF MARRIAGE TO DATE OF DISAPPEARANCE?

YES  NO (If "NO", give dates of all separations and the reasons therefore)

24. WAS THE MISSING PERSON OR HIS/HER SPOUSE ENAMORED WITH OR INTERESTED IN ANOTHER PERSON?

YES  NO (If "YES", give details)

25. INFORMATION ABOUT FAMILY OF MISSING PERSON

(List all children, brothers, sisters, mother and father)

NAME	AGE	RELATIONSHIP	ADDRESS	DATE OF DEATH

26. RELATIVES AND FRIENDS WHOM THE MISSING PERSON VISITED FROM TIME TO TIME, OR WITH WHOM HE CORRESPONDED, ETC.

NAME	RELATIONSHIP	ADDRESS

27. WAS THE MISSING PERSON IN GOOD HEALTH AT THE TIME OF HIS/HER DISAPPEARANCE?

YES  NO (If "NO", explain fully)

28. DID THE MISSING PERSON APPEAR NORMAL WHEN LAST SEEN BY YOU?

YES  NO (If "NO", explain fully)

29. STATE NAMES AND ADDRESSES OF ANY DOCTORS WHO ATTENDED THE MISSING PERSON AND DATES OF TREATMENT

30. HAD THE MISSING PERSON EVER BEEN TREATED FOR MENTAL ILLNESS?

YES  NO (If "YES", state where and by whom, or in what institution, and whether an inmate of the institution)

III - BUSINESS, LEGAL AND SOCIAL AFFAIRS

31. MISSING PERSON'S SOCIAL SECURITY NUMBER

32. IF SOCIAL SECURITY NUMBER IS NOT KNOWN, DID MISSING PERSON EVER HAVE A SOCIAL SECURITY NUMBER?

YES  NO

33. TRADE OR OCCUPATION

34. EMPLOYMENT HISTORY OF MISSING PERSON FOR LAST TEN-YEAR PERIOD

NAME AND ADDRESS OF EMPLOYER	EMPLOYMENT DATES		TYPE OF WORK PERFORMED
	BEGINNING	ENDING	

35. WAS THE MISSING PERSON BONDED?

YES  NO *(If "YES", complete Items 36 and 37)*

36. NAME AND ADDRESS OF BONDING COMPANY

37. CONDITION OF ACCOUNTS AT TIME OF DISAPPEARANCE

38. DID THE MISSING PERSON HAVE ANY LIFE INSURANCE POLICIES?

YES  NO *(If "YES", state name and address of the life insurance company, type of insurance, and policy number)*

39. WHAT SETTLEMENT HAS BEEN MADE OF THE INSURANCE?

40. DID THE MISSING PERSON HAVE A BANK ACCOUNT AT TIME OF DISAPPEARANCE?

YES  NO *(If "YES", complete Items 41, 42 and 43)*

41. NAME AND ADDRESS OF BANK

42. AMOUNT OF FUNDS ON DEPOSIT IN BANK

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43. WHAT HAS BEEN DONE WITH FUNDS ON DEPOSIT IN BANK?

44. DID THE MISSING PERSON HAVE A SAFETY DEPOSIT BOX?

YES  NO *(If "YES", what has been done with the contents of the box?)*

45. DID THE MISSING PERSON HAVE ANY OF THE FOLLOWING? *(Check where applicable and explain below what has been done with the item(s) checked)*

REAL ESTATE  SECURITIES  BUILDING AND LOAN SHARES  OTHER PROPERTY

46. DID THE MISSING PERSON BELONG TO ANY UNIONS, LODGES, OR SOCIETIES?

YES  NO (If "YES", give the names and addresses of the organizations)

47. HAVE ANY BENEFITS BEEN PAID BY ANY UNIONS, LODGES, OR SOCIETIES OF WHICH THE MISSING PERSON WAS A MEMBER, BASED ON HIS UNEXPLAINED ABSENCE?

YES  NO (If "YES", explain the kind of benefits, amounts, and to whom paid)

48. HAS A CLAIM FOR BENEFITS BEEN FILED WITH THE SOCIAL SECURITY ADMINISTRATION BASED ON THE INDIVIDUAL'S UNEXPLAINED ABSENCE?

YES  NO (If "YES", complete columns (A), (B), and (C) below)

(A) NAME AND ADDRESS OF EACH PERSON CLAIMING BENEFITS	(B) WHERE EACH CLAIM WAS FILED	(C) ACTION TAKEN ON EACH CLAIM

49. HAS A CLAIM FOR BENEFITS BEEN FILED WITH ANY OTHER AGENCY OF THE U.S. GOVERNMENT (Other than the Department of Veterans Affairs) OR ANY STATE OR POLITICAL SUBDIVISION THEREOF, BASED ON THE MISSING PERSON'S UNEXPLAINED ABSENCE?

YES  NO (If "YES", explain fully and give name of agency, name and address of each person claiming benefits, and the action taken on each claim)

50. DID YOU KNOW WHETHER ANY OF THE FOLLOWING CONDITIONS EXISTED AT THE TIME THE MISSING PERSON WAS LAST SEEN?  
(Answer Items 50A, 50B, 50C, 50D and 50E below)

50A. WERE ANY COURT PROCEEDINGS PENDING? (Civil or Criminal - such as divorce action, indictment, court order or decree requiring support of wife or children, etc.)

YES  NO (If "YES", explain)

50B. HAD A WARRANT FOR ARREST BEEN ISSUED?

YES  NO (If "YES", explain)

50C. WAS THE MISSING PERSON SERIOUSLY IN DEBT?

YES  NO (If "YES", explain)

50D. WAS ANY DISSATISFACTION EXPRESSED BY THE MISSING PERSON WITH SURROUNDINGS, WORK, HOME CONDITIONS, ETC?

YES  NO (If "YES", explain)

50E. HAD THE MISSING PERSON SUFFERED A SERIOUS DISAPPOINTMENT OR BEREAVEMENT?

YES  NO (If "YES", explain)

51. WHAT KIND OF REPUTATION DID THE MISSING PERSON HAVE IN THE COMMUNITY FOR BEING STEADY, SOBER, AND HARDWORKING?

52. WHAT WERE THE MISSING PERSON'S HOBBIES, HABITS, AND INTERESTS?

53. DID THE MISSING PERSON TAKE ANY LONG TRIPS OR VACATIONS?

YES  NO (If "YES", with whom and where did the missing person usually travel?)

54. DID THE MISSING PERSON USUALLY KEEP SOMEONE INFORMED OF HIS/HER WHEREABOUTS?

YES  NO (If "YES", who usually knew?)

55. INDICATE WHETHER THE MISSING PERSON TALKED ABOUT ANY PARTICULAR LOCATIONS, STATES OR COUNTRIES (Explain fully)

56. DID THE MISSING PERSON EVER GO AWAY BEFORE FROM HIS HOME OR FAMILY WITHOUT EXPLANATION?

YES  NO (If "YES", explain fully)

IV - INFORMATION REGARDING MISSING PERSON'S DISAPPEARANCE

INSTRUCTIONS: Give exact dates if possible. Attach copy of reports of police or other agencies, newspaper items, letters and notes or other evidence relating to the disappearance. Also attach a copy of any court proceedings declaring the missing person to be dead. THIS EVIDENCE WILL BE RETURNED TO YOU.

57. DATE DISAPPEARED

58. DATE LAST REPORTED SEEN BY ANYONE

59. PLACE LAST SEEN BY ANYONE

60. STATE CIRCUMSTANCES OF THE OCCASION WHEN THE MISSING PERSON WAS LAST SEEN AND THE NAME AND ADDRESS OF THE PERSON WHO LAST SAW HIM/HER

61. DID THE MISSING PERSON ADVISE ANYONE OF AN INTENTION TO TRAVEL?

YES  NO (If "YES", what was the planned destination?)

62. GIVE NAMES AND ADDRESSES OF ANY PERSONS WHO WERE FAMILIAR WITH THE MISSING PERSON'S PLANS

63. WERE YOU TOLD THE REASON FOR LEAVING OR DO YOU HAVE ANY KNOWLEDGE OR OPINION AS TO THE MISSING PERSON'S REASON FOR LEAVING?

YES  NO (If "YES", explain)

64. WHAT PERSONAL BELONGINGS DID THE MISSING PERSON TAKE WITH HIM/HER? (Include clothing, traveling bag, trunk, money, etc.)

65. DID THE MISSING PERSON OWN A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES", complete Item 66)</i>		66. DID HE/SHE TAKE THE VEHICLE ALONG? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES", give make, model, etc. and complete Item 67)</i>	
67. INDICATE WHETHER THE VEHICLE WAS RECOVERED AFTER THE DISAPPEARANCE OF THE MISSING PERSON <i>(Explain fully)</i>			
68. IF ANY EFFORTS WERE MADE TO LOCATE THE MISSING PERSON, FILL IN COLUMNS (A), (B) AND (C) BELOW			
(A) NAMES AND ADDRESSES OF AGENCIES AIDING IN SEARCH <i>(Including Police)</i>		(B) DATE NOTIFIED	(C) DESCRIPTION OF EFFORTS
69. IF POLICE WERE NOT NOTIFIED, EXPLAIN THE REASON			
70. HAVE YOU HEARD FROM MISSING PERSON, IN ANY WAY SINCE DISAPPEARANCE?		71. NAME AND ADDRESS OF THE PERSON RECEIVING COMMUNICATION	
72. POSTMARK DATE	73. ADDRESS SHOWN ON POSTMARK		
74. DO YOU KNOW ANY REASON WHY THE MISSING PERSON SHOULD NOT REVEAL HIS/HER WHEREABOUTS?			
75. WHAT IN YOUR OPINION, IS THE REASON FOR HIS/HER SILENCE?			
76. HAS ANY COURT EVER BEEN ASKED TO DECLARE THE MISSING PERSON DEAD? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES", complete Items 77, 78 and 79)</i>		77. NAME OF COURT	
78. DATE	79. RESULT OF COURT'S DECISION		
PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.			
CERTIFICATION - I certify that the foregoing statements made by me on this form are true and correct to the best of my knowledge and belief, and are made with full knowledge of the fact that severe penalties involving fines and imprisonment are prescribed by various statutes of the United States for making a false statement.			
DATE	SIGNATURE		
ADDRESS <i>(Number and Street or P.O. Box or Rural Route Number, City, State and ZIP Code)</i>			
<b>WITNESSES TO SIGNATURE IF MADE BY (X) MARK</b>			
NOTE: Signatures made by mark must be witnessed by two persons to whom the person signing this form is personally known, and the signatures and addresses of such witnesses must be shown below.			
SIGNATURE OF WITNESS		ADDRESS OF WITNESS	
SIGNATURE OF WITNESS		ADDRESS OF WITNESS	