OMB Control No. 2900-0059 Respondent Burden: 2 Hours

Department of Veterans Affairs

Expiration Date: XXXXXX (DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)

STATEMENT OF PERSON CLAIMING TO HAVE STOOD IN RELATION OF PARENT

INSTRUCTIONS: Answer all questions as fully as possible. If you do not know the answer, enter "Unknown." If the answer is none, enter "None" or "N/A." 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.

resided at the time of marriage, o	r where you and/o	or your spouse reside	d when you fil	led your claim (or a later date when	gnized by the p you became eli	lace where you and/or your spouse gible for benefits) (38 U.S.C. § 103
(c)). Additional guidance on when VA recognizes marriages is available at http://www.va.gov/opa/marriage/ . 1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN (Type or Print)							
I. FIRST, MIDDLE, LAST NAM	WE OF DECEAS	SED VETERAN (19)	oe or Prini)				
2. VA FILE NUMBER							
XC/XSS -							
2A OLAIMANITIC NIAME (E)			I - STATEM	ENT OF CLAI	MANT		
3A. CLAIMANT'S NAME (First	, тіааіе іпіпаі, іа	ist)					
OD CURRENT MAIL INC ARR	DECC (Number		was ta DO D	av City Otata	71D Code and Co.		
3B. CURRENT MAILING ADD No. &	RESS (Number	and street or rural l	route, P.O. B	ox, City, State	, ZIP Code and Col	untry)	
Street							
Ant // Init Number		City					
Apt./Unit Number		City					
State/Province	Country	ZIP Co	ode/Postal Code	е	_		
3C. DAYTIME TELEPHONE NUMI	BER (Include Are	a Code)	3	D. EVENING TE	LEPHONE NUMBER	(Include Area	Code)
_	` _	,			_	_	,
4. YOUR RELATIONSHIP TO VET	FRAN BY BI OOF	OR MARRIAGE		IANT'S SOCIA	AL SECURITY NUM	/RER	5B. CLAIMANT'S DATE OF BIRTH
(Stepfather, Sister, etc., if none sta		3 011 107 11 11 10 10 10	JA. OLAIIV	IANTO OCOIA	AL OLOGIATITION	MDLIX	JOB. CLAIMANT 3 DATE OF BIRTH
				_	<u> </u>		
6A. ARE YOU MARRIED TO A PA YES NO (If "Yes", a	RENT OF THE VE complete 6B and (ATE OF MARR	IAGE 6C. Pl	LACE OF MARRIAGE		
TES NO (I) Tes , t	сотрівів од ини в	<u> </u>	MATION AR	 OUT THE VE ⁻	redani		
7A. VETERAN'S DATE OF BIRTH	<u> </u>	7B. VETERAN'S SO			8. PLACE OF BIRTH		
9. DATE OF DEATH		•		10. PLACE O	F DEATH		
444 NAME OF VETERANIO OM	LEATUED ACL	1 1 110		404 114145 0		MOTUED (IC.)	1 1 1 1 1 1 1 N
11A. NAME OF VETERAN'S OWN	N FATHER (If dec	reased, complete 11B)	1	12A. NAME C	OF VETERAN'S OWN	MOTHER (If de	eceased, complete 12B)
11B. DATE OF DEATH OF VETERAN'S OWN FATHER				12B. DATE OF DEATH OF VETERAN'S OWN MOTHER			
11C. ADDRESS OF VETERAN'S	OWN FATHER, IF	LIVING		12C. ADDRESS OF VETERAN'S OWN MOTHER, IF LIVING			
13A. WAS VETERAN EVER MAR	RIED?			13B. FULL NAME OF SPOUSE			
	complete 13B and	l 13D)					
13C. DATE OF MARRIAGE				13D. ADDRESS OF SPOUSE, IF LIVING			
14A. DATE VETERAN WAS PLA	CED IN YOUR	14B. NAME AND ADI	DRESS OF OR	<u> </u> :Ganization, i	NSTITUTION, OR PE	RSON THAT PI	LACED THE VETERAN IN YOUR
CUSTODY OR CARE		CUSTODY OR	CARE				
IMPORTANT - If you entered	ed into a written	agreement at the t	ime veteran v	vas placed in	your custody or car	re attach a co	ny of the agreement
15. CIRCUMSTANCES OF YOUR					•	ic, attach a co	py of the agreement.
13. SINGONISTANCES OF TOUR	CDIMING CO.	OTODI ON OAKL OF	THE VEILINA	·• (Блрішіп Juli)	' <i>!</i>		

21P-524

INFORMATION APOUT THE VETERAN (C)									
INFORMATION ABOUT THE VETERAN (Continued)									
16. NAME OF HEAD OF	HOUSEHOLD IN WHICH YO	OU LIVE	D AT TIME	YOU ASSU	JMED ALL	EGED RELATIO	NSHIP OF PARENT TO	VETI	ERAN
			17R PF	RIOD(S) O	E TIME TI	HIS PERSON			
	SS OF PERSON WHO PRO		FURNI	SHED VET	ERAN WI	TH A PLACE	17C. ADDRESSES	AT V	HICH VETERAN LIVED DURING
_	E TO LIVE AFTER YOU ASS SHIP OF PARENT TO VETER	_	ED TO LIVE				PERIOD SHOWN IN ITEM 17B		
ALLEGED RELATIONS	SHIF OF FAILENT TO VETE	VAIN	FROM TO				4		
			FF	ROM		ТО			
18A. DID YOU PROVIDE	FOR SCHOOLING OR TRA	INING C	F VETERA	N?			•		
YES NO	f "Yes", complete Items 18B,	, 18C an	d 18D)						
18B. I	DATE			OO NAME	AND ADD		201		18D. TYPE OF COURSE OR
FROM	ТО		1	8C. NAME	AND ADD	RESS OF SCHO	JOL		TRAINING TAKEN
THOW	10								
19. APPROXIMATE AMO	DUNTS SPENT BY YOU FOR	R VETER	RAN'S SUP	PORT, CLC	THING, S	CHOOLING, AN	D OTHER NECESSARY	/ EXP	ENSES (Explain fully)
	INICODMA	TION	NDOLIT CI	IDV (IV (INIO	DDOTL	EDC AND CIC	TEDC OF VETERAN		
		ATION A			BRUTH	ERS AND SIS	TERS OF VETERAN		
20A. NAME			20E	B. AGE			20C. ADDRE	:55	
ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT					[(If n	· · · · · · · · · · · · · · · · · · ·			
21A. NAME A	AND ADDRESS	21B. AMOUN			MOUNT OF CONTRIBUTION		21C. PURPOSE		21D. DATE OF CONTRIBUTION
ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT (If none, state "NONE")									
22C DATES OF CUSTODY OR CAPE									
22A. NAME		22B. ADDRESS				If exact dates are unknown give			
ZZA. IVANVIL			(If person is deceased, give date of death.)					,	approximate dates)

INFORMATION ABOUT THE RELATIONSHIP					
23A. DID VETERAN CONTRIBUTE TO YOUR SUPPORT AT ANY TIME?					
YES NO (If "Yes", comple	ete Item 23B)				
23B. AMOUNT CONTRIBUTED AND CI	RCUMSTANCES UNDER WHICH CONTRIB	BUTED (Explain fully)			
		T VETERAN'S EMPLOYMENT			
I	ING PERIOD HE/SHE WAS IN YOUR CUST	TODY OR CARE?			
YES NO (If "Yes", comple	ete Items 24B, 24C and 24D)				
24B. DATE OF EMPLOYMENT	24C. NAME ANI	D ADDRESS OF EMPLOYER	24D. AMOUNT EARNED		
25. DID THE VETERAN IN A NOTE. LE	L TTER, DOCUMENT, INSURANCE POLICY	OR ANY RECORD, REFER TO YOU AS A PARENT?	<u> </u>		
YES NO (If "Yes", explain		,			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		nd to show the relationship which existed between	en you and the veteran. This		
evidence will be returned to you, it	-				
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	, ,			
ZI. DATE	20. SIGNATURE OF CEARMANT				
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 mu		whom the person making the statement is person	any known, and the signature		
29. SIGNATURE OF WITNESS	St de Shown delow.	30. ADDRESS OF WITNESS			
20. SIGNATURE OF WITHESS		SS. ADDITEGO OF WITHEOU			
31. SIGNATURE OF WITNESS		32. ADDRESS OF WITNESS			
-					
PENALTY - The law provides seve	ere penalties which include fine or imp	prisonment, 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 Instruction	ns on page 1 before comp	pleting.					
1. NAME AND ADDRESS	OF DISINTERESTED PERSO	N	2. AGE	3. OCCUPATION			
			4. YOUR RELATIONSHIP TO DECEASED VETERAN				
				5. LENGTH OF TIME YOU KNEW VETERAN			
6. YOUR RELATIONSHIP	TO CLAIMANT		7. LENGTH	H OF TIME YOU HAVE KNOWN CLAIMANT			
8 WERE VOLUM A POSIT	ION PERSONALLY TO ORS	ERVE THE CONDUCT AND ATTIT	IDE OF THE	CLAIMANT AND THE VETERAN TOWARD EACH OTHER?			
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 S	SAME HOUSEHOLD WITH CLAIMANT			
l — —	YOUR OWN KNOWLEDGE W "Yes", complete Items 10B ar		THE SAME	HOUSEHOLD WITH THE CLAIMANT?			
10B. [DATES			40C ADDDESS			
FROM	ТО			10C. ADDRESS			
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							

PART II - STATEMENT OF DISINTERESTED PERSON NO. 1 (Continued)							
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 DISIN	NTERESTED PER	SON IF MADE BY "X" MARK			
	nade by mark must be with witnesses must be shown		hom the person m	aking the statement is personally known, and the signature			
17. SIGNATURE OF W	'ITNESS		18. ADDRESS OF WITNESS				
19. SIGNATURE OF WITNESS 20. ADDRESS OF WITNESS							
PENALTY - The la material fact, knowi		s which include fine or imp	prisonment, or bot	h, for willful submission of any statement or evidence of a			
	Р	ART III - STATEMENT OF	DISINTERESTED	PERSON NO. 2			
	ctions on page 1 before con						
1. NAME AND ADDRE	SS OF DISINTERESTED PERS	SON (Type or Print)	2. AGE	3. OCCUPATION			
			4. YOUR R	ELATIONSHIP TO DECEASED VETERAN			
			5. LENGTH OF TIME YOU KNEW VETERAN				
6. YOUR RELATIONS	HIP TO CLAIMANT		7. LENGTH OF TIME YOU HAVE KNOWN CLAIMANT				
8 WERE VOLUM A PC	OSITION PERSONALLY TO OR	SERVE THE CONDUCT AND	ATTITUDE OF THE	CLAIMANT AND THE VETERAN TOWARD EACH OTHER?			
YES NO	(If "Yes", explain fully your	position to make these observ	ations and give num	ber 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 THE SAME HOUSEHOLD WITH CLAIMANT							
	OF YOUR OWN KNOWLEDGE (If "Yes", complete Items 10B		IVED IN THE SAME I	HOUSEHOLD WITH THE CLAIMANT?			
10	B. DATES			400 4000000			
FROM	ТО	_		10C. ADDRESS			
11. DO YOU KNOW OF YOUR PERSONAL KNOWLEDGE WHO SUPPORTED THE VETERAN? YES NO (If "Yes", explain in detail)							

PART III - STATEMENT OF DISINTERESTED PERSON NO. 2 (Continued)					
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 FURN	NISHED IN ITEMS 9 THROUGH 12?				
14. PLACES WHERE YOU LIVED, AND DATES OF EACH RESIDENCE, DURING F	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 DISH	NTERESTED 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.	1 5 1 7 7 8				
17. SIGNATURE OF WITNESS	18. ADDRESS OF WITNESS				
40 CIONATURE OF WITHEOU	ON ARREST OF WITHEOU				
19. SIGNATURE OF WITNESS	20. ADDRESS OF WITNESS				
PENALTY - The law provides severe penalties which include fine or im	prisonment, or both, for willful submission of any statement or evidence of a				
material fact, knowing it to be false.					

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, 58VA21/22/28, 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. 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.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.