	OMB Control No. 2900-0059 Respondent Burden: 2 Hours Expiration Date: XXXXXX		
Department of Veterans Affairs	(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.			
IMPORTANT : If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized 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 be (c)). Additional guidance on when VA recognizes marriages is available at <u>http://www.va.gov/opa/marriage/</u> .	by the place where you and/or your spouse ecame eligible for benefits) (38 U.S.C. § 103		
1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN (Type or Print)			
2. VA FILE NUMBER			
xc/xss -			
PART I - STATEMENT OF CLAIMANT			
3A. CLAIMANT'S NAME (First, middle initial, last)			
3B. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)			
No. & Street			
Apt./Unit Number City			
State/Province Country ZIP Code/Postal Code —			
3C. DAYTIME TELEPHONE NUMBER (Include Area Code) 3D. EVENING TELEPHONE NUMBER (Inclu	ude Area Code)		
	-		
4. YOUR RELATIONSHIP TO VETERAN BY BLOOD OR MARRIAGE (Stepfather,Sister, etc., if none state "None")	5B. CLAIMANT'S DATE OF BIRTH		
6A. ARE YOU MARRIED TO A PARENT OF THE VETERAN? 6B. DATE OF MARRIAGE 6C. PLACE OF MARRIAGE			
YES NO (If "Yes", complete 6B and 6C)			
INFORMATION ABOUT THE VETERAN 7A. VETERAN'S DATE OF BIRTH 7B. VETERAN'S SOCIAL SECURITY NUMBER 8. PLACE OF BIRTH			
9. DATE OF DEATH 10. PLACE OF DEATH			
11A. NAME OF VETERAN'S OWN FATHER (If deceased, complete 11B) 12A. NAME OF VETERAN'S OWN MOTH	12A. NAME OF VETERAN'S OWN MOTHER (If deceased, complete 12B)		
11B. DATE OF DEATH OF VETERAN'S OWN FATHER 12B. 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 M	12C. ADDRESS OF VETERAN'S OWN MOTHER, IF LIVING		
13A. WAS VETERAN EVER MARRIED? 13B. FULL NAME OF SPOUSE			
YES NO (If "Yes", complete 13B and 13D)			
13C. DATE OF MARRIAGE 13D. ADDRESS OF SPOUSE, IF LIVING			
14A. DATE VETERAN WAS PLACED IN YOUR CUSTODY OR CARE 14B. NAME AND ADDRESS OF ORGANIZATION, INSTITUTION, OR PERSON CUSTODY OR CARE	I THAT PLACED THE VETERAN IN YOUR		
IMPORTANT - If you entered into a written agreement at the time veteran was placed in your custody or care, atta	ach a copy of the agreement.		
15. CIRCUMSTANCES OF YOUR OBTAINING CUSTODY OR CARE OF THE VETERAN (Explain fully)			

INFORMATION ABOUT THE VETERAN	(Continued)

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

16. NAME OF HEAD OF	HOUSEHOLD IN WHICH T	OU LIVED	AT TIME YOU AS			INSHIP OF PARENT TO	JVETERAN
17A. NAME AND ADDRESS OF PERSON WHO PROVIDED VETERAN WITH A PLACE TO LIVE AFTER YOU ASSUMED ALLEGED RELATIONSHIP OF PARENT TO VETERAN		17B. PERIOD(S) OF TIME THIS PERSON FURNISHED VETERAN WITH A PLACE TO LIVE			17C. ADDRESSES AT WHICH VETERAN LIVED DURING PERIOD SHOWN IN ITEM 17B		
			FROM		ТО		
	E FOR SCHOOLING OR TRA If "Yes", complete Items 18E						
18B.	DATE	18D. TYPE OF COURSE OR			18D. TYPE OF COURSE OR		
FROM	ТО				TRAINING TAKEN		
19. APPROXIMATE AMO	DUNTS SPENT BY YOU FO	R VETERA	AN'S SUPPORT, C	LOTHING, S	SCHOOLING, ANI	D OTHER NECESSAR	I Y EXPENSES <i>(Explain fully)</i>
		ATION AE	BOUT SURVIVIN	NG BROTH	IERS AND SIST	TERS OF VETERAN	
20A. NAME			ZUB. AGL		20C. ADDRESS		
ORGAN	NIZATIONS, INSTITUTIO	NS, AND	PERSONS THA	AT CONTR	IBUTED TO VE	TERAN'S SUPPOR	T (If none, state "NONE")
21A. NAME	AND ADDRESS	21B. Al	MOUNT OF CONT	RIBUTION	21	C. PURPOSE	21D. DATE OF CONTRIBUTION
ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT (If none, state "NONE")							
22A.	NAME	22B. ADDRESS (If exact dates are unk (If person is deceased, give date of death.)		22C. DATES OF CUSTODY OR CARE (If exact dates are unknown give approximate dates)			

VETERAN'S SSN			
	INFORMATION A	BOUT THE RELATIONSHIP	
23A. DID VETERAN CONTRIBUTE TO) YOUR SUPPORT AT ANY TIME?		
YES NO (If "Yes", comp	lete Item 23B)		
23B. AMOUNT CONTRIBUTED AND C	CIRCUMSTANCES UNDER WHICH CONTR	RIBUTED (Explain fully)	
		JT VETERAN'S EMPLOYMENT	
	RING PERIOD HE/SHE WAS IN YOUR CUS	STODY OR CARE?	
YES NO (If "Yes", comp	lete Items 24B, 24C and 24D)		
24B. DATE OF EMPLOYMENT	24C. NAME AN	ND ADDRESS OF EMPLOYER	24D. AMOUNT EARNED
		Y OR ANY RECORD, REFER TO YOU AS A PARE	NT?
YES NO (If "Yes", expla	in fully)		
		end to show the relationship which existed b	etween you and the veteran. This
evidence will be returned to you,			
26. OTHER FACTS WHICH SHOW TH	IE RELATIONSHIP THAT EXISTED BETWE	EN YOU AND THE VETERAN	
	CERTIFICATE AND	SIGNATURE OF CLAIMANT	
I CERTIEV THAT the foregoing	statements are true and correct to the		
		best of my knowledge and benef.	
27. DATE	28. SIGNATURE OF CLAIMANT		
		E OF CLAIMANT IF MADE BY "X" MARK	11 1 1.1 .
and addresses of the witnesses m		whom the person making the statement is p	ersonally known, and the signature
29. SIGNATURE OF WITNESS	ust be shown below.	30. ADDRESS OF WITNESS	
23. GIONATORE OF WITNESS		SULADDRESS OF WITNESS	
31. SIGNATURE OF WITNESS		32. ADDRESS OF WITNESS	
DENIALTY The law months	vore popultion which include fine	muserment on both for willful	of any statement or avid
material fact, knowing it to be fals		pprisonment, or both, for willful submission	of any statement or evidence of a
material fact, knowing it to be fais	·		

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PART II - STATEMENT OF DISINTERESTED PERSON NO. 1			
NOTE: Read Instructions on page 1 before completing.		1	
1. NAME AND ADDRESS OF DISINTERESTED PERSON	2. AGE	3. OCCUPATION	
	4. YOUR F	RELATIONSHIP TO DECEASED VETERAN	
	5. LENGT	H OF TIME YOU KNEW VETERAN	
6. YOUR RELATIONSHIP TO CLAIMANT		H OF TIME YOU HAVE KNOWN CLAIMANT	
	7. LLINGT		
8. WERE YOU IN A POSITION PERSONALLY TO OBSERVE THE CONDUCT AND ATTI		CLAIMANT AND THE VETERAN TOWARD EACH OTHER?	
YES NO (If "Yes", explain fully your position to make these observations a			
	ina gire namee		
9. FACTS BASED ON YOUR PERSONAL KNOWLEDGE WHICH SHOW WHETHER OR M	NOT CLAIMAN	T ACTED AS "PARENT" TO THE VETERAN (Explain in detail,	
giving facts relating to veteran's support, guidance, training. etc.)			
INFORMATION ABOUT PERIODS OF TIME VETERAL			
10A. DO YOU KNOW OF YOUR OWN KNOWLEDGE WHETHER THE VETERAN LIVED			
		NOUSEHOLD WITH THE CLAIMANT?	
YES NO (If "Yes", complete Items 10B and 10C)			
10B. DATES		10C. ADDRESS	
FROM TO		IUC. ADDRESS	
11. DO YOU KNOW OF YOUR PERSONAL KNOWLEDGE WHO SUPPORTED THE VET	ERAN?		
YES NO (If "Yes", explain in detail)			
12. DID ANY OTHER PERSONS STAND IN THE RELATIONSHIP OF PARENT TO THE V	/ETERAN?		
YES NO (If "Yes", explain fully)			
13. WHAT IS THE MEANS OF YOUR KNOWLEDGE OF THE INFORMATION FURNISHE	D IN ITEMS 9	THROUGH 12?	
14. PLACES WHERE YOU LIVED, AND DATES OF EACH RESIDENCE, DURING PERIO	D CLAIMANT	ALLEGED CUSTODY OR CARE OF VETERAN	

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	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	15. DATE 16. SIGNATURE OF DISINTERESTED PERSON					
	WITNESSES T	O SIGNATURE OF DISI	NTERESTED PER	SON IF MADE BY "X" MARK		
	ade by mark must be witne witnesses must be shown be		hom the person m	aking the statement is personally known, and the signature		
17. SIGNATURE OF WIT	INESS		18. ADDRESS OF	WITNESS		
19. SIGNATURE OF WIT	INESS	20. ADDRESS OF WITNESS				
PENALTY - The law material fact, knowing		which include fine or imp	prisonment, or bot	h, for willful submission of any statement or evidence of a		
		RT III - STATEMENT OF	DISINTERESTED	PERSON NO. 2		
	ions on page 1 before com					
1. NAME AND ADDRESS	S OF DISINTERESTED PERSO	ON (Type or Print)	2. AGE	3. OCCUPATION		
			4. YOUR R	ELATIONSHIP TO DECEASED VETERAN		
			5. LENGTH	5. LENGTH OF TIME YOU KNEW VETERAN		
6. YOUR RELATIONSHI	P TO CLAIMANT		7. LENGTH OF TIME YOU HAVE KNOWN CLAIMANT			
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 (<i>Explain in detail, giving facts relating to veteran's support, guidance, training, etc.)</i>						
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	ТО			IUC. ADDRESS		
11. DO YOU KNOW OF YOUR PERSONAL KNOWLEDGE WHO SUPPORTED THE VETERAN?						

VETERAN'S SSN – –			
PART III - STATEMENT OF DISIN	TERESTED PERSON NO. 2 (Continued)		
12. DID ANY OTHER PERSONS STAND IN THE RELATIONSHIP OF PARENT TO T	THE VETERAN?		
YES NO (If "Yes", explain fully)			
13. WHAT IS THE MEANS OF YOUR KNOWLEDGE OF THE INFORMATION FURN	ISHED IN ITEMS 9 THROUGH 12?		
14. PLACES WHERE YOU LIVED, AND DATES OF EACH RESIDENCE, DURING PL	ERIOD CLAIMANT ALLEGED CUSTODY OR CARE OF VETERAN		
	JRE OF DISINTERESTED PERSON		
I CERTIFY THAT the foregoing statements are true and correct to the best	st of my knowledge and belief.		
15. DATE 16. SIGNATURE OF DISINTERESTED PERSON			
	ITERESTED PERSON IF MADE BY "X" MARK		
	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		
DENALTY - The law provides severe penalties which include fine or imp	risonment or both for willful submission of any statement or evidence of a		
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.			
	ource other than what have been authorized under the Privacy Act of 1974 or Title 38, Code of Federal imunications, 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 prog	grams and delivery of VA benefits, verification of identity and status, and personnel administration) as		
	and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register.		
	nt information is mandatory. Applicants are required to provide their SSN under Title 38 U.S.C. 5101 he 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	s 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 participa			
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 respon	nd 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.			