



Department of Veterans Affairs

CERTIFICATE SHOWING RESIDENCE AND HEIRS OF DECEASED VETERAN OR BENEFICIARY

1. INSURANCE FILE NUMBER

2. NAME OF INSURED (*First, Middle, Last*)

PRIVACY ACT INFORMATION: 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 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance- VA, and published in the Federal Register. Your obligation to respond is required to obtain this benefit.

RESPONDENT BURDEN: We need this information to determine your eligibility for a death benefit. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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 <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.

3. THE QUESTIONS REFER TO THE VETERAN OR BENEFICIARY:
 (*Give first, middle, last name*)

4A. ARE THERE HEIRS TO THIS ESTATE?

YES NO

4B. HAS THERE BEEN OR WILL THERE BE A COURT-APPOINTED EXECUTOR OR ADMINISTRATOR APPOINTED FOR THIS ESTATE?

YES NO (*If "Yes," see note below. If "No," complete remaining items*)

NOTE: If there has been or will be an executor or administrator appointed, furnish letters testamentary or letters of administration. Skip the remaining items, sign on reverse, and return this form with your letters.

5. STATE OF RESIDENCE AT TIME OF DEATH (EXCLUDING MILITARY SERVICE)

IMPORTANT: Items 6 through 9 - Write the word "NONE" in each item where there is no next of kin. If any information is unknown to the witnesses, the words "DO NOT KNOW" should be written in the space provided. If additional space is required, attach a separate sheet. If separate sheets are necessary, each sheet must be signed.

6. SPOUSE OF DECEASED VETERAN/BENEFICIARY

| A. NAME OF SPOUSE | B. AGE | C. ADDRESS / PHONE NUMBER / EMAIL | D. DATE OF DEATH (<i>If deceased</i>) (MM/DD/YYYY) | E. YEAR OF MARRIAGE (YYYY) |
|-------------------|--------|-----------------------------------|---|-------------------------------|
| | | | | |

7. ALL CHILD(REN) OF DECEASED VETERAN/BENEFICIARY

| A. NAME(S) OF CHILD(REN) (<i>Include illegitimate, adopted, deceased and unborn child(ren)</i>) | B. AGE | C. ADDRESS / PHONE NUMBER / EMAIL | D. DATE OF DEATH (<i>If deceased</i>) (MM/DD/YYYY) | E. PARENTS OF CHILD(REN) NAMED IN BLOCK 7A |
|--|--------|-----------------------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. PARENTS OF DECEASED VETERAN/BENEFICIARY

| A. NAME OF PARENT | B. AGE | C. ADDRESS / PHONE NUMBER / EMAIL | D. DATE OF DEATH (<i>If deceased</i>) (MM/DD/YYYY) |
|-------------------|--------|-----------------------------------|---|
| PARENT | | | |
| PARENT | | | |

IMPORTANT: If spouse, child(ren), or parent(s) survive the VETERAN/BENEFICIARY, skip to Item 10 on the reverse.

**9. BROTHER(S) AND SISTER(S) OF DECEASED VETERAN/BENEFICIARY
(STATE WHETHER FULL, HALF-BLOOD, OR ADOPTED)**

| A. NAME(S) OF BROTHER(S) AND SISTER(S) | B. AGE | C. ADDRESS / PHONE NUMBER / EMAIL | D. DATE OF DEATH <i>(If deceased)</i> <i>(MM/DD/YYYY)</i> |
|--|--------|-----------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| NAME(S) OF CHILD(REN) OF DECEASED BROTHER(S) AND SISTER(S) | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|--|
| The fastest and most secure way for insureds and beneficiaries to send the application to VA Insurance is to use the document upload service at: https://insurance.va.gov/home/IDU . | Or mail to: VA Insurance Center P.O. Box 7208 Philadelphia, PA 19101 |
|---|--|

WE CERTIFY THAT to the best of our knowledge and belief, the above named are the only relatives of the veteran/beneficiary, living or dead, and that the foregoing statements are true.

10. WITNESS INFORMATION

| | |
|-----------------------------|--|
| A. FIRST, MIDDLE, LAST NAME | B. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i> |
| C. RELATIONSHIP TO DECEASED | D. SIGNATURE |

PENALTY: The statements contained herein are made with the full knowledge of the penalties imposed by law for making false statements of a material fact.

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 become 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/>.