OMB Control No. 2900-0059
Respondent Burden: 2 Hours
Expiration Date: XX/XX/20XX

VA | U.S. Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

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 applies. 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 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/.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN *(Type or Print)*

2. VA FILE NUMBER

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 *(Include Area Code)* – –

4. YOUR RELATIONSHIP TO VETERAN BY BLOOD OR MARRIAGE *(Stepfather, Sister, etc., if none state "None")*

5A. CLAIMANT'S SOCIAL SECURITY NUMBER – –

5B. CLAIMANT'S DATE OF BIRTH *(MM/DD/YYYY)*

6A. ARE YOU MARRIED TO A PARENT OF THE VETERAN?
☐ YES ☐ NO *(If "Yes", complete 6B and 6C)*

6B. DATE OF MARRIAGE *(MM/DD/YYYY)*

6C. PLACE OF MARRIAGE

INFORMATION ABOUT THE VETERAN

7A. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*

7B. VETERAN'S SOCIAL SECURITY NUMBER – –

8. PLACE OF BIRTH

9. DATE OF DEATH *(MM/DD/YYYY)*

10. PLACE OF DEATH

11A. NAME OF VETERAN'S OWN FATHER *(If deceased, complete 11B)*

12A. NAME OF VETERAN'S OWN MOTHER *(If deceased, complete 12B)*

11B. DATE OF DEATH OF VETERAN'S OWN FATHER *(MM/DD/YYYY)*

12B. DATE OF DEATH OF VETERAN'S OWN MOTHER *(MM/DD/YYYY)*

11C. ADDRESS OF VETERAN'S OWN FATHER, IF LIVING

12C. ADDRESS OF VETERAN'S OWN MOTHER, IF LIVING

13A. WAS VETERAN EVER MARRIED?
☐ YES ☐ NO *(If "Yes", complete 13B, 13C and 13D)*

13B. FULL NAME OF SPOUSE

13C. DATE OF MARRIAGE *(MM/DD/YYYY)*

13D. ADDRESS OF SPOUSE, IF LIVING

14A. DATE VETERAN WAS PLACED IN YOUR CUSTODY OR CARE *(MM/DD/YYYY)*

14B. NAME AND ADDRESS OF ORGANIZATION, INSTITUTION, OR PERSON THAT PLACED THE VETERAN IN YOUR CUSTODY OR CARE

IMPORTANT - If you entered into a written agreement at the time veteran was placed in your custody or care, attach a copy of the agreement.

15. CIRCUMSTANCES OF YOUR OBTAINING CUSTODY OR CARE OF THE VETERAN *(Explain fully)*

VETERAN'S SSN ☐☐☐ – ☐☐ – ☐☐☐☐

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

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 *(MM/DD/YYYY)*	TO *(MM/DD/YYYY)*	

18A. DID YOU PROVIDE FOR SCHOOLING OR TRAINING OF VETERAN?

☐ YES ☐ NO *(If "Yes", complete Items 18B, 18C and 18D)*

18B. DATE		18C. NAME AND ADDRESS OF SCHOOL	18D. TYPE OF COURSE OR TRAINING TAKEN
FROM *(MM/DD/YYYY)*	TO *(MM/DD/YYYY)*		

19. APPROXIMATE AMOUNTS SPENT BY YOU FOR VETERAN'S SUPPORT, CLOTHING, SCHOOLING, AND OTHER NECESSARY EXPENSES *(Explain fully)*

INFORMATION ABOUT SURVIVING BROTHERS AND SISTERS OF VETERAN

20A. NAME	20B. AGE	20C. ADDRESS

ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT *(If none, state "NONE")*

21A. NAME AND ADDRESS	21B. AMOUNT OF CONTRIBUTION	21C. PURPOSE	21D. DATE OF CONTRIBUTION *(MM/DD/YYYY)*

ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT *(If none, state "NONE")*

22A. NAME	22B. ADDRESS *(If person is deceased, give date of death.)*	22C. DATES OF CUSTODY OR CARE *(If exact dates are unknown give approximate dates) (MM/DD/YYYY)*

VETERAN'S SSN ☐☐☐ – ☐☐ – ☐☐☐☐

INFORMATION ABOUT THE RELATIONSHIP

23A. DID VETERAN CONTRIBUTE TO YOUR SUPPORT AT ANY TIME?

☐ YES ☐ NO *(If "Yes", complete Item 23B)*

23B. AMOUNT CONTRIBUTED AND CIRCUMSTANCES UNDER WHICH CONTRIBUTED *(Explain fully)*

INFORMATION ABOUT VETERAN'S EMPLOYMENT

24A. WAS VETERAN EMPLOYED DURING PERIOD HE/SHE WAS IN YOUR CUSTODY OR CARE?

☐ YES ☐ NO *(If "Yes", complete Items 24B, 24C and 24D)*

24B. DATE OF EMPLOYMENT *(MM/DD/YYYY)*	24C. NAME AND ADDRESS OF EMPLOYER	24D. AMOUNT EARNED

25. DID THE VETERAN IN A NOTE, LETTER, DOCUMENT, INSURANCE POLICY OR ANY RECORD, REFER TO YOU AS A PARENT?

☐ YES ☐ NO *(If "Yes", explain fully)*

IMPORTANT - Attach letters, notes, records or other evidence which tend to show the relationship which existed between you and the veteran. This evidence will be returned to you, if requested.

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 *(MM/DD/YYYY)*	28. SIGNATURE OF CLAIMANT *(Sign in ink)*

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 must be shown below.

29. SIGNATURE OF WITNESS *(Sign in ink)*	30. ADDRESS OF WITNESS
31. SIGNATURE OF WITNESS *(Sign in ink)*	32. ADDRESS OF WITNESS

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.

VETERAN'S SSN ___ – ___ – ____

PART II - STATEMENT OF DISINTERESTED PERSON NO. 1

NOTE: Read Instructions on page 1 before completing.

1. NAME AND ADDRESS OF DISINTERESTED PERSON	2. AGE	3. OCCUPATION
	4. YOUR RELATIONSHIP TO DECEASED VETERAN	
	5. LENGTH OF TIME YOU KNEW VETERAN	
6. YOUR RELATIONSHIP TO CLAIMANT	7. LENGTH OF TIME YOU HAVE KNOWN CLAIMANT	

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 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 *(MM/DD/YYYY)*	TO *(MM/DD/YYYY)*	

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

VETERAN'S SSN ___ – ___ – ____

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 *(MM/DD/YYYY)*	16. SIGNATURE OF DISINTERESTED PERSON *(Sign in ink)*

WITNESSES TO SIGNATURE OF DISINTERESTED PERSON 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 must be shown below.

17. SIGNATURE OF WITNESS *(Sign in ink)*	18. ADDRESS OF WITNESS
19. SIGNATURE OF WITNESS *(Sign in ink)*	20. ADDRESS OF WITNESS

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PART III - STATEMENT OF DISINTERESTED PERSON NO. 2

NOTE: Read Instructions on page 1 before completing.

1. NAME AND ADDRESS OF DISINTERESTED PERSON *(Type or Print)*	2. AGE	3. OCCUPATION
		4. YOUR RELATIONSHIP TO DECEASED VETERAN
		5. LENGTH OF TIME YOU KNEW VETERAN
6. YOUR RELATIONSHIP TO CLAIMANT		7. LENGTH OF TIME YOU HAVE KNOWN CLAIMANT

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 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 *(MM/DD/YYYY)*	TO *(MM/DD/YYYY)*	

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 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

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 *(MM/DD/YYYY)*	16. SIGNATURE OF DISINTERESTED PERSON *(Sign in ink)*

WITNESSES TO SIGNATURE OF DISINTERESTED 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.

17. SIGNATURE OF WITNESS *(Sign in ink)*	18. ADDRESS OF WITNESS
19. SIGNATURE OF WITNESS *(Sign in ink)*	20. ADDRESS OF WITNESS

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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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your response 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: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0059, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 2 hours per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0059 in any correspondence. Do not send your completed VA Form 21P-524 to this email address.