

Section 4 – Next-of-Kin Information

Next-of-Kin's Name: _____
First Middle Last Suffix

Street Address City State Zip Code

SS#: _____ Relationship to Veteran: _____

Phone#: _____ Alternate Phone#: _____

Email: _____

Section 5 – Veteran Information

Veteran's Name: _____
First Middle Last Suffix

(If the Veteran's military name is different than the current legal name, please list alias name.)

Alias Name: _____
First Middle Last Suffix

Last Branch of Service:

Army Navy Air Force Marines Coast Guard Other _____

Military Status at

Time of Decedent's Death: Active Duty Retired Reserve Veteran

Last Date Entered Service: _____ Last Date Exited Service: _____

Rank at VA
Last Discharge: _____ Service#: _____ Claim#: _____

War or Hostile

Action Period Served In: _____

Veteran's Marital Status

at Time of Decedent's Death: Married Separated Divorced Never Married Widow(er)

Name & Signature of Person Completing this Form

Signature Date

Printed Name