

(CHECK ONE BOX)

☐ WORLD WAR II ☐ DESERT STORM
☐ KOREAN ☐ VIETNAM
☐ GLOBAL WAR ON TERRORISM
☐ OTHER (SPECIFY) _____

DVA FILE # _____

**STATE OF ILLINOIS
DEPARTMENT OF VETERANS' AFFAIRS
833 S SPRING ST., SPRINGFIELD, IL. 62704**

BENEFICIARY / SURVIVORS COMPENSATION

THIS APPLICATION IS TO BE USED BY THE SURVIVING NEXT-OF-KIN OF PERSONS KILLED WHILE SERVING IN THE ARMED FORCES OF THE UNITED STATES, DEATH WAS NON-SERVICE CONNECTED AND AWARDED APPROPRIATE MEDAL, OR DIED OF SERVICE CONNECTED DISABILITIES AND APPLIES TO THE WIDOW OR WIDOWER, CHILD OR CHILDREN, MOTHER, FATHER, PERSONS STANDING IN LOCO PARENTIS, BROTHERS AND SISTERS IN THE ORDER LISTED.

VETERAN'S FULL NAME _____
LAST FIRST MIDDLE

NAME UNDER WHICH DECEASED ENTERED THE SERVICE (IF DIFFERENT FROM ABOVE) WAS: _____

SSN _____ BIRTHDATE _____ SERVICE NUMBER _____ BRANCH OF SERVICE _____
MM/DD/YYYY

VETERAN'S DATE OF ENTRY TO ACTIVE DUTY _____ PLACE OF ENTRY _____
MM/DD/YYYY

VETERAN'S DATE OF DISCHARGE FROM ACTIVE DUTY _____ PLACE OF DISCHARGE _____
MM/DD/YYYY

VETERAN'S ADDRESS AT TIME ENTRY TO ACTIVE DUTY _____
STREET ADDRESS CITY STATE

WAS THE VETERAN A RESIDENT OF ILLINOIS PRIOR TO HIS/HER ENTRY ON ACTIVE DUTY?

☐ YES ☐ NO _____ YEARS _____ MONTHS

THE VETERAN DIED ON _____, 20__ AT _____

(ATTACH OFFICIAL NOTIFICATION OF DEATH, DO NOT INCLUDE TELEGRAMS)

NAME OF APPLICANT (MR., MRS., MISS) _____

APPLICANTS SSN _____ PHONE# _____ EMAIL _____

ADDRESS OF APPLICANT _____
NUMBER STREET CITY STATE ZIP CODE

RELATIONSHIP TO VETERAN _____ (SEE AFFIDAVIT INFORMATION)

HAVE YOU OR HAD THE VETERAN, APPLIED FOR OR RECEIVED FROM A STATE OTHER THAN ILLINOIS A BONUS PAYMENT BASED UPON THE VETERAN'S SERVICE IN THE ARMED FORCES?

☐ YES ☐ NO IF YES, FROM WHAT STATE _____

AFFIDAVIT FOR SURVIVORS COMPENSATION

I/WE AM/ARE THE _____ WIDOW OR WIDOWER, _____ CHILD OR CHILDREN, _____ MOTHER,
_____ FATHER _____ PERSON(S) STANDING AT LOCO PARENTIS, _____ BROTHER(S)
AND _____ SISTER(S) OF THE DECEASED VETERAN DESCRIBED ABOVE.

PROOF OF SUCH RELATIONSHIP BY CERTIFIED COPY MUST BE ATTACHED.

LIST BELOW THE NAMES OF THE VETERAN'S LIVING CHILDREN:

CHILD 1	CHILD'S NAME	DATE OF BIRTH AND PLACE	NAME OF PERSON HAVING CUSTODY
	ADDRESS		
CHILD 2	CHILD'S NAME	DATE OF BIRTH AND PLACE	NAME OF PERSON HAVING CUSTODY
	ADDRESS		
CHILD 3	CHILD'S NAME	DATE OF BIRTH AND PLACE	NAME OF PERSON HAVING CUSTODY
	ADDRESS		
CHILD 4	CHILD'S NAME	DATE OF BIRTH AND PLACE	NAME OF PERSON HAVING CUSTODY
	ADDRESS		
CHILD 5	CHILD'S NAME	DATE OF BIRTH AND PLACE	NAME OF PERSON HAVING CUSTODY
	ADDRESS		
CHILD 6	CHILD'S NAME	DATE OF BIRTH AND PLACE	NAME OF PERSON HAVING CUSTODY
	ADDRESS		

LIST BELOW THE FULL NAME OF ALL LIVING BROTHERS AND SISTERS

NAME	ADDRESS

NOTE: APPLICANTS FILING FOR COMPENSATION UNDER THE SURVIVORS COMPENSATION ACT PROGRAM, WHO ARE NOT IN THE ORDER OF NEXT-OF-KIN NAMED ABOVE, MUST BE PREPARED TO SUBMIT PROOF WHY A PRECEDING APPLICANT IS NOT ELIGIBLE TO MAKE APPLICATION FOR COMPENSATION e.g. DEATH OF WIDOW/WIDOWER, CHILD/CHILDREN, MOTHER, FATHER, PERSON STANDING IN LOCO PARENTIS, OR PRIOR DIVORCE OF SPOUSE FROM THE VETERAN.

I/WE CERTIFY THAT ALL STATEMENTS MADE BY ME/US, IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. FURTHER, I/WE, UNDERSTAND THAT IN EVENT ANY FALSE STATEMENTS ARE MADE, KNOWINGLY OR WILLFULLY, I/WE WILL BE LIABLE TO PUNISHMENT IN ACCORDANCE WITH APPLICABLE LAW.

SIGNATURE(S) OF APPLICANT(S)

DATE	DATE
DATE	DATE
DATE	DATE
DATE	DATE
DATE	DATE

THIS SECTION FOR DVA USE ONLY

AMOUNT APPROVED: _____

APPROVED BY DEPARTMENT OF VETERANS' AFFAIRS BY: _____

DATE: _____