



Department of Veterans Affairs

CERTIFICATE SHOWING RESIDENCE AND HEIRS OF DECEASED VETERAN OR BENEFICIARY

1. INSURANCE FILE NUMBER
2. NAME OF INSURED (<i>First, middle, last</i>)

PRIVACY ACT INFORMATION: No proceeds may be paid unless a completed claim form has been received (38 USC 1917 and 1950, 38 CFR 6.128 and 8.54). The information provided, on a voluntary basis, will be used by VA employees and your authorized representative in the maintenance of Government Insurance records. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1/4 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

3. THE QUESTIONS REFER TO THE ESTATE OF: <i>(Give first, middle, last name)</i>	4A. ARE THERE HEIRS TO THIS ESTATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
	4B. HAS THERE BEEN OR WILL THERE BE AN EXECUTOR OR ADMINISTRATOR APPOINTED FOR THIS ESTATE? (<i>If "Yes," see Note below. If "No," complete remaining items</i>) YES <input type="checkbox"/> NO <input type="checkbox"/>

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	D. DATE OF DEATH <i>(If deceased)</i>	E. YEAR OF MARRIAGE

7. CHILDREN OF DECEASED VETERAN/BENEFICIARY

A. NAMES OF CHILDREN <i>(Include illegitimate, adopted, and unborn children)</i>	B. AGE	C. ADDRESS	D. DATE OF DEATH <i>(If deceased)</i>	E. PARENTS OF CHILDREN

8. PARENTS OF DECEASED VETERAN/BENEFICIARY

A. NAME OF PARENT	B. AGE	C. ADDRESS	D. DATE OF DEATH (If deceased)
FATHER			
MOTHER			

IMPORTANT: If spouse, child(ren), or parent(s) survive the insured, skip to Item 11A on the reverse.

