OMB Approved No. 0960-0062

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SOCIAL SECURITY ADMINISTRATION

APPLICATION FOR SURVIVORS BENEFITS

(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)

IMPORTANT-- Read instructions before completing form. Detach and retain ONLY the instruction sheet

(DO NOT WRITE IN THIS SPACE)

VA DATE STAMP

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)*	2. DATE OF DEATH

NOTE: If the veteran's Social Security No. is unknown, complete Items 4,5, 6 and 7 about veteran.

3. SOCIAL SECURITY NO. OF VETERAN	4. DATE OF BIRTH	5. PLACE OF BIRTH

6. NAME OF FATHER	7. MAIDEN NAME OF MOTHER	8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER 1936 ☐ YES ☐ NO

NOTE: The following information should be furnished for each period of the veteran's active service (regular or reserves) after September 7, 1939, in the military service of the United States or service as a commissioned officer in the Public Health Service or the National Oceanic and Atmospheric Administration or during WWII, Philippine or Filipino or Allied country military service. If additional space is needed, attach a separate sheet.

9A. DATE ENTERED ACTIVE SERVICE	9B. SERVICE NO.	9C. DATE SEPARATED FROM ACTIVE SERVICE	9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE

10. RELATIONSHIP OF APPLICANT TO VETERAN ☐ SURVIVING SPOUSE ☐ CHILD ☐ PARENT	11. DATE OF BIRTH OF APPLICANT	12. VA FILE NO.

CHILDREN: Show names of surviving children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) who at any time since the veteran died, were unmarried and (a) under age 18; (b) age 18 to 19 and attending secondary shool; (c) disabled or handicapped (18 or over and disability began before age 22).

13A.	13B.
13C.	13D.

I know that anyone who makes or causes to be made a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.

14. DATE *(Month, day, year)*	15. SIGNATURE OF APPLICANT *(First name, middle initial, last name) (Sign in ink)* SIGN HERE ▶
16. MAILING ADDRESS OF APPLICANT *(No. and street or rural route, city or P.O., State and ZIP Code)*	17. TELEPHONE NO. *(Include Area Code)*

WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE

18A. SIGNATURE OF WITNESS	18B. ADDRESS OF WITNESS *(No. and street, city, State and ZIP Code)*
19A. SIGNATURE OF WITNESS	19B. ADDRESS OF WITNESS *(No. and street, city, State and ZIP Code)*

ITEMS BELOW TO BE COMPLETED BY THE DEPARTMENT OF VETERANS AFFAIRS (Use reverse for "Remarks")

20. PROOFS RECEIVED	21. PROOFS REQUESTED FROM CLAIMANT OR OTHER *(Specify)*
☐ DEATH ☐ MARRIAGE	☐ DEATH ☐ MARRIAGE
☐ AGE _____ (NAME)	☐ AGE _____ (NAME)
☐ OTHER *(Specify)* _____ (NAME)	☐ OTHER *(Specify)* _____ (NAME)
_____ (NAME)	_____ (NAME)

22. DATE	23. NAME AND ADDRESS OF TRANSMITTING VA OFFICE