



CERTIFICATE SHOWING RESIDENCE AND HEIRS OF DECEASED VETERAN OR BENEFICIARY

1. INSURANCE FILE NUMBER

2. NAME OF INSURED (*First, Middle, Last*)

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain this benefit.

RESPONDENT BURDEN: We need this information to determine your eligibility for a death benefit. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

3. THE QUESTIONS REFER TO THE ESTATE OF:
(*Give first, middle, last name*)

4A. ARE THERE HEIRS TO THIS ESTATE?

YES NO

4B. HAS THERE BEEN OR WILL THERE BE A COURT-APPOINTED EXECUTOR OR ADMINISTRATOR APPOINTED FOR THIS ESTATE?

YES NO (*If "Yes," see note below. If "No," complete remaining items*)

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. CHILD(REN) OF DECEASED VETERAN/BENEFICIARY

A. NAME(S) OF CHILD(REN) (<i>Include illegitimate, adopted and unborn child(ren)</i>)	B. AGE	C. ADDRESS	D. DATE OF DEATH (<i>If deceased</i>)	E. PARENTS OF CHILD(REN)

8. PARENTS OF DECEASED VETERAN/BENEFICIARY

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

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

**9. BROTHER(S) AND SISTER(S) OF DECEASED VETERAN/BENEFICIARY
(STATE WHETHER FULL, HALF-BLOOD, OR ADOPTED)**

A. NAME(S) OF BROTHER(S) AND SISTER(S)	B. AGE	C. ADDRESS	D. DATE OF DEATH <i>(If deceased)</i>
NAME(S) OF CHILD(REN) OF DECEASED BROTHER(S) AND SISTER(S)			

WE CERTIFY THAT to the best of our knowledge and belief, the above named are the only relatives of the veteran/beneficiary, living or dead, and that the foregoing statements are true.

10. FIRST WITNESS INFORMATION	11. SECOND WITNESS INFORMATION
A. FIRST, MIDDLE, LAST NAME	A. FIRST, MIDDLE, LAST NAME
B. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>	B. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>
C. RELATIONSHIP TO DECEASED	C. RELATIONSHIP TO DECEASED
D. SIGNATURE	D. SIGNATURE

PENALTY: The statements contained herein are made with the full knowledge of the penalties imposed by law for making false statements of a material fact.

QUESTIONS ABOUT THIS INSURANCE? CALL OUR TOLL-FREE NUMBER 1-800-669-8477.