

Additional Information

1. Deceased veteran's first name:

XXXXXXXXXXXXXXXXXXXXXX

1. Deceased veteran's last name:

XXXXXXXXXXXXXXXXXXXXXX

4. Claimant's first name:

cXXXXXXXXXXXXXXXXXXXXXX

4. Claimant's last name:

cXXXXXXXXXXXXXXXXXXXXXX

5. Current mailing address:

cXXXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXXXX

cXXXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXXXX, VA
US

7. Preferred e-mail address:

XXXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXXX.com

8. Relationship of claimant to deceased veteran:

XX

9B. Place of birth:

XX
XXXXXX

10B. Place of death:

XX

11A. Entered service (place) Line 1:

placeOfEntry1

11A. Entered service (date) Line 1:

06/01/2012

11B. Service number Line 1:

sn1

11C. Separated from service (place) Line 1:

place1

11C. Separated from service (date) Line 1:

07/01/2013

11D. Grade, rank or rating, organization and branch of service Line 1:

army1, rank1

11A. Entered service (place) Line 2:

placeOfEntry2

11A. Entered service (date) Line 2:

XX,
XX,
XX

13A. If va medical center death is checked, provide actual burial cost:
99999999999999999999

13B. Where did the veteran's death occur?:
XX

16. Place of burial or location of deceased veteran's remains:
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

18B. Amount of government or employer contribution:
\$99999999999999999999

19. Expenses incurred for the transportation of the veteran's remains from the place of death to the final resting place:
\$99999999999999999999

20B. Official position of person signing on behalf of firm, corporation or state agency:
XX

21. Full name and address of the firm, corporation, or state agency filing as claimant:
XX
XXXXXX
cXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXX
cXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXX, VA
US