

## Additional Information

**1. Deceased veteran's first name:**

XXXXXXXXXXXXXXXXXXXXX

**1. Deceased veteran's last name:**

XXXXXXXXXXXXXXXXXXXXX

**4. Claimant's first name:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**4. Claimant's last name:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**5. Current mailing address:**

cXXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXXX

cXXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXXX, VA

US

**7. Preferred e-mail address:**

XXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXX.com

**8. Relationship of claimant to deceased veteran:**

XXX

**9B. Place of birth:**

XXX

X

**10B. Place of death:**

XXX

**11A. Entered service (date) Line 1:**

06/01/2012

**11A. Entered service (place) Line 1:**

placeOfEntry1

**11B. Service number Line 1:**

sn1

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

07/01/2013

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

place1

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

army1, rank1

**11A. Entered service (date) Line 2:**

06/02/2012

**11A. Entered service (place) Line 2:**

placeOfEntry2

**11B. Service number Line 2:**

sn2



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

XX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**18B. Amount of government or employer contribution:**

\$999999999999999999

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

\$999999999999999999

**20A. Signature of claimant:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**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  
X  
cXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXX  
cXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXX, VA  
US