Department of Veterans Affairs

Expiration Date: 08/31/2020

(DO NOT WRITE IN THIS SPACE)

(VA DATE STAMP)

STATEMENT OF PERSON CLAIMING TO HAVE STOOD IN RELATION OF PARENT

INSTRUCTIONS: Answer all questions as fully as possible. If you do not know the answer, enter "Unknown." If the answer is none, enter "None" or "N/A." If additional space is needed, attach a SIGNED sheet of paper indicating the item number to which the answer apply. Parts II and III should each be completed by disinterested persons who have personal knowledge of the relationship which existed between the claimant and the veteran.

IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103 (c)). Additional guidance on when VA recognizes marriages is available at http://www.va.gov/opa/marriage/ .							
1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN (Type or Print)							
2. VA FILE NUMBER							
XC/XSS -							
		I - STATEMENT C	OF CLAIR	MANT			
3A. CLAIMANT'S NAME (First, middle initial, la	st)						
3B. CURRENT MAILING ADDRESS (Number	and street or rural ru	oute P.O. Box Ci	tv State	7IP Code and Country	<i>'</i>)		
No. &	and street of rararre	5410, 1 . O. BOX, O.	iy, Olulo,	Zii Gode and Godinay	,		
Street							
Apt./Unit Number	City						
State/Province Country	ZIP Cor	de/Postal Code		_			
<u> </u>			NINO TE	LEDUONE NUMBER (L.)	1 1 4	C 1)	
3C. DAYTIME TELEPHONE NUMBER (Include Area	i Coae)	3D. EVE	INING IE	LEPHONE NUMBER (Incl	uae Area 	Coae)	
4. YOUR RELATIONSHIP TO VETERAN BY BLOOD	OR MARRIAGE	TEA CLAIMANIT	C COCIA	L CECUDITY NUMBER		ED OLAMANTIO DATE OF DIDTU	
(Stepfather, Sister, etc., if none state "None")	OR WARRIAGE	5A. CLAIMANT	S SUCIA	L SECURITY NUMBER	≺	5B. CLAIMANT'S DATE OF BIRTH	
				-			
6A. ARE YOU MARRIED TO A PARENT OF THE VE YES NO (If "Yes", complete 6B and 6		TE OF MARRIAGE	6C. PL	ACE OF MARRIAGE			
	<u> </u>	MATION ABOUT	THE VET	ERAN			
7A. VETERAN'S DATE OF BIRTH	7B. VETERAN'S SO	CIAL SECURITY NU	IMBER	8. PLACE OF BIRTH			
9. DATE OF DEATH		10. F	PLACE OF	DEATH			
11A. NAME OF VETERAN'S OWN FATHER (If deceased, complete 11B)			NAME O	F VETERAN'S OWN MOT	HER (If de	eceased, complete 12B)	
11B. DATE OF DEATH OF VETERAN'S OWN FATHER			DATE OF	DEATH OF VETERAN'S	OWN MO	THER	
11C. ADDRESS OF VETERAN'S OWN FATHER, IF LIVING			12C. ADDRESS OF VETERAN'S OWN MOTHER, IF LIVING				
13A. WAS VETERAN EVER MARRIED?			13B. FULL NAME OF SPOUSE				
YES NO (If "Yes", complete 13B and 13D)							
13C. DATE OF MARRIAGE			13D. ADDRESS OF SPOUSE, IF LIVING				
14A. DATE VETERAN WAS PLACED IN YOUR CUSTODY OR CARE			ZATION, II	NSTITUTION, OR PERSO	N THAT P	LACED THE VETERAN IN YOUR	
COSTODY OR CARE	CUSTODY OR C	ARE					
IMPORTANT - If you entered into a written	agreement at the tir	ne veteran was pl	aced in y	our custody or care, at	tach a co	ppy of the agreement.	
15. CIRCUMSTANCES OF YOUR OBTAINING CUS	STODY OR CARE OF	THE VETERAN (Exp	olain fully)			

VE12101110 0011									
INFORMATION ABOUT THE VETERAN (Continued)									
16. NAME OF HEAD OF HOUSEHOLD IN WHICH YOU LIVED AT TIME YOU ASSUMED ALLEGED RELATIONSHIP OF PARENT TO VETERAN									
17A. NAME AND ADDRESS OF PERSON WHO PROVIDED VETERAN WITH A PLACE TO LIVE AFTER YOU ASSUMED ALLEGED RELATIONSHIP OF PARENT TO VETERAN		17B. PERIOD(S) OF TIME THIS PERSON FURNISHED VETERAN WITH A PLACE TO LIVE			17C. ADDRESSES AT WHICH VETERAN LIVED DURING PERIOD SHOWN IN ITEM 17B				
			FROM			ТО			
	FOR SCHOOLING OR TRA f "Yes", complete Items 18B,								
18B. DATE FROM TO				18C. NAME AND ADDRESS OF SCHOOL 18D. TYPE OF COURSE OR TRAINING TAKEN					
19. APPROXIMATE AMOUNTS SPENT BY YOU FOR VETERAN'S SUPPORT, CLOTHING, SCHOOLING, AND OTHER NECESSARY EXPENSES (Explain fully)									
	INFORMA	TION A	ABOUT SURVIV	/ING BI	ROTH	ERS AND SIS	TERS OF VETERAN		
20A. NAME			20B. AGE				20C. ADDRE	ESS	
ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT (If none, state "NONE")									
21A. NAME A	AND ADDRESS	21B. <i>A</i>	AMOUNT OF CON	NTRIBU	TION	2	1C. PURPOSE		21D. DATE OF CONTRIBUTION
ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT (If none, state "NONE")									
22A.	NAME	22R ADDRESS 22C. DATES OF CUSTODY OR C			C. DATES OF CUSTODY OR CARE If exact dates are unknown give approximate dates)				

INFORMATION ABOUT THE RELATIONSHIP					
23A. DID VETERAN CONTRIBUTE TO YOUR SUPPORT AT ANY TIME?					
YES NO (If "Yes", comple	ete Item 23B)				
23B. AMOUNT CONTRIBUTED AND CI	RCUMSTANCES UNDER WHICH CONTRIE	BUTED (Explain fully)			
		T VETERAN'S EMPLOYMENT			
l <u> </u>	ING PERIOD HE/SHE WAS IN YOUR CUST	ODY OR CARE?			
YES NO (If "Yes", comple	te Items 24B, 24C and 24D)				
24B. DATE OF EMPLOYMENT	24C. NAME AND	ADDRESS OF EMPLOYER	24D. AMOUNT EARNED		
25 DID THE VETERANDA ANOTE 15	TTER DOCUMENT INCURANCE POLICY	OD ANY DECORD REFER TO VOLUME A DARRENTS			
l <u> </u>		OR ANY RECORD, REFER TO YOU AS A PARENT?			
YES NO (If "Yes", explain	i fully)				
IMPORTANT - Attach letters not	es records or other evidence which ter	nd to show the relationship which existed between	en you and the veteran This		
evidence will be returned to you, if		ia to show the relationship which existed between	on you and the veteran. This		
-	RELATIONSHIP THAT EXISTED BETWEE	N YOU AND THE VETERAN			
CERTIFICATE AND SIGNATURE OF CLAIMANT					
I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.					
27. DATE	28. SIGNATURE OF CLAIMANT				
Zr. BATE	20. SIGIVATORE OF SEAMONARY				
WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK					
NOTE: Signatures made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signature					
and addresses of the witnesses must be shown below.					
29. SIGNATURE OF WITNESS	St de Showh delow.	30. ADDRESS OF WITNESS			
20. SIGNATURE OF WITHESS		30. ADDITEOU OF WITHEOU			
31. SIGNATURE OF WITNESS		32. ADDRESS OF WITNESS			
PENALTY - The law provides seve	ere penalties which include fine or imp	risonment, or both, for willful submission of any	y statement or evidence of a		

material fact, knowing it to be false. PAGE 3

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PART II - STATEMENT OF DISINTERESTED PERSON NO. 1							
NOTE: Read Instructions on page 1 before completing.							
1. NAME AND ADDRESS	OF DISINTERESTED PERSO	N	2. AGE	3. OCCUPATION			
				4. YOUR RELATIONSHIP TO DECEASED VETERAN			
				5. LENGTH OF TIME YOU KNEW VETERAN			
6. YOUR RELATIONSHIP	TO CLAIMANT		7. LENGTH	OF TIME YOU HAVE KNOWN CLAIMANT			
8. WERE YOU IN A POSITION PERSONALLY TO OBSERVE THE CONDUCT AND ATTITUDE OF THE CLAIMANT AND THE VETERAN TOWARD EACH OTHER? YES NO (If "Yes", explain fully your position to make these observations and give number of months or years you observed this relationship)							
9. FACTS BASED ON YOUR PERSONAL KNOWLEDGE WHICH SHOW WHETHER OR NOT CLAIMANT ACTED AS "PARENT" TO THE VETERAN (Explain in detail, giving facts relating to veteran's support, guidance, training. etc.)							
	INFORMATION ABOUT	PERIODS OF TIME VETERAN	LIVED IN S	AME HOUSEHOLD WITH CLAIMANT			
	OUR OWN KNOWLEDGE W 'Yes", complete Items 10B ar		THE SAME I	HOUSEHOLD WITH THE CLAIMANT?			
10B. D	DATES						
FROM	ТО			10C. ADDRESS			
11. DO YOU KNOW OF YOUR PERSONAL KNOWLEDGE WHO SUPPORTED THE VETERAN? YES NO (If "Yes", explain in detail)							
12. DID ANY OTHER PERSONS STAND IN THE RELATIONSHIP OF PARENT TO THE VETERAN? YES NO (If "Yes", explain fully)							
13. WHAT IS THE MEANS OF YOUR KNOWLEDGE OF THE INFORMATION FURNISHED IN ITEMS 9 THROUGH 12?							
14. PLACES WHERE YOU LIVED, AND DATES OF EACH RESIDENCE, DURING PERIOD CLAIMANT ALLEGED CUSTODY OR CARE OF VETERAN							

		I - STATEMENT OF DISIN		* * * * * * * * * * * * * * * * * * * *		
CERTIFICATE AND SIGNATURE OF DISINTERESTED PERSON						
	I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.					
15. DATE 16. SIGNATURE OF DISINTERESTED PERSON						
	WITNESSES	TO SIGNATURE OF DISIN	NTERESTED PER	SON IF MADE BY "X" MARK		
	de by mark must be with		hom the person m	aking the statement is personally known, and the signature		
17. SIGNATURE OF WITH	17. SIGNATURE OF WITNESS 18. ADDRESS OF WITNESS 18. ADDRESS OF WITNESS					
19. SIGNATURE OF WITNESS 20. ADDRESS OF WITNESS						
PENALTY - The law properties of the properties o		s which include fine or imp	prisonment, or both	n, for willful submission of any statement or evidence of a		
		ART III - STATEMENT OF	DISINTERESTED	PERSON NO. 2		
	ons on page 1 before con					
1. NAME AND ADDRESS	OF DISINTERESTED PERS	SON (Type or Print)	2. AGE	3. OCCUPATION		
			4. YOUR R	ELATIONSHIP TO DECEASED VETERAN		
			5. LENGTH	OF TIME YOU KNEW VETERAN		
6. YOUR RELATIONSHIP	6. YOUR RELATIONSHIP TO CLAIMANT 7. LENGTH OF TIME YOU HAVE KNOWN CLAIMANT					
9. FACTS BASED ON YOUR PERSONAL KNOWLEDGE WHICH SHOW WHETHER OR NOT CLAIMANT ACTED AS "PARENT" TO THE VETERAN (Explain in detail, giving facts relating to veteran's support, guidance, training, etc.)						
				E SAME HOUSEHOLD WITH CLAIMANT		
	"Yes", complete Items 10B		VED IN THE SAME I	HOUSEHOLD WITH THE CLAIMANT?		
	DATES	_		10C. ADDRESS		
FROM	ТО					
	'OUR PERSONAL KNOWLE	DGE WHO SUPPORTED THE	VETERAN?			

PART III - STATEMENT OF DISINTERESTED PERSON NO. 2 (Continued)					
12. DID ANY OTHER PERSONS STAND IN THE RELATIONSHIP OF PARENT TO T	HE VETERAN?				
YES NO (If "Yes", explain fully)					
42 WHAT IS THE MEANS OF VOUR KNOW! FROM OF THE INFORMATION FURN	IQUED IN ITEMS OF TUDOLICU 400				
13. WHAT IS THE MEANS OF YOUR KNOWLEDGE OF THE INFORMATION FURNI	ISHED IN ITEMS 9 THROUGH 12?				
14. PLACES WHERE YOU LIVED, AND DATES OF EACH RESIDENCE, DURING PA	ERIOD CLAIMANT ALLEGED CUSTODY OR CARE OF VETERAN				
CERTIFICATE AND SIGNATU	IDE OF DISINTEDESTED DEDSON				
CERTIFICATE AND SIGNATURE OF DISINTERESTED PERSON I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.					
15. DATE 16. SIGNATURE OF DISINTERESTED PERSON					
WITNESSES TO SIGNATURE OF DISINTERESTED PERSON IF MADE BY "X" MARK					
NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of the witnesses must be shown below.					
17. SIGNATURE OF WITNESS	18. ADDRESS OF WITNESS				
19. SIGNATURE OF WITNESS	20. ADDRESS OF WITNESS				
10. S. S. WITTE OF WITTE	EX. ABBRECO OF WITHEOU				
PENALTY - The law provides severe penalties which include fine or improved fact knowing it to be false	risonment, or both, for willful submission of any statement or evidence of a				

material fact, knowing it to be false.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what have been authorized under the Privacy Act of 1974 or Title 38. Code of Fe

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what have been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 U.S.C. 5101 (c)(1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine eligibility for service-connected death benefits (38 U.S.C. 1315 and 5101). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 2 hours 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.