

Additional Information

1. Deceased veteran's first name:

XXXXXXXXXXXXXXXXXXXXX

1. Deceased veteran's last name:

XXXXXXXXXXXXXXXXXXXXX

4. Claimant's first name:

XXXXXXXXXXXXXXXXXXXXX

4. Claimant's last name:

XXXXXXXXXXXXXXXXXXXXX

5. Current mailing address:

cXXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXXX

cXXXXXXXXXXXXXXXXXXXXXcXXXXXXXXXXXXXXXXXXXXX, VA, 12345

US

7. Preferred e-mail address:

XXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXX.com

8. Relationship of claimant to deceased veteran:

XXXXXXXXXXXXXXXXXXXXX

9B. Place of birth:

XXXXXXXXXXXXXXXXXXXXX

X

10B. Place of death:

XXXXXXXXXXXXXXXXXXXXX

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, 12345

US