

In Reply Refer To:

You are receiving Dependency and Indemnity Compensation (D.I.C.) as the surviving spouse of a veteran who died in service or from service-connected conditions. Generally, a surviving spouse's entitlement to D.I.C. ends with remarriage. If a surviving spouse remarries, entitlement may continue provided the marriage began after age 55 or has been terminated. You are responsible for reporting any change in your marital status.

We need to verify your marital status. Please answer the questions below.

If you do not return this letter with your answers to VA within 60 days of the date shown above, we may propose to terminate your D.I.C. benefits. After answering the questions below, please return this letter in the enclosed envelope. Be sure to place it in the envelope so that the return address of the regional office shows through the envelope window.

You have the right at any time to submit additional information or to have a personal hearing to explain or clarify your statements. You also have the right to be represented at the hearing by a representative of your choice.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you:	Here is what to do:
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.
Use the Internet	Send electronic federal inquiries through the Internet at https://www.va.gov .
Write	Enter your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

Sincerely yours,

Regional Office Director

Enclosure



MARITAL STATUS QUESTIONNAIRE

PRIVACY ACT INFORMATION: Payment of survivor's benefits cannot be made unless the information requested is furnished as required by existing law (38 U.S.C. 101(3)). The responses you submit are considered confidential, (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the system of records, 58VA21/22/28, VA Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the [Federal Register](#). The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your continued eligibility for D.I.C. benefits. Title 38, U.S.C., allows us to ask for this information. We estimate that you will need an average of 5 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.reginfo.gov/public/do/PRAMain.

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/>.

1A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," please answer ALL questions 1-5; if "No," please skip to questions 3-5 only.)</i>		1B. DATE OF MARRIAGE (MM/DD/YYYY) Month Day Year / /	
1C. NAME OF SPOUSE			
1D. SPOUSE DATE OF BIRTH (MM/DD/YYYY) Month Day Year / /		1E. IS YOUR SPOUSE A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		1F. IF "YES," PROVIDE YOUR NEW SPOUSE'S VA FILE NUMBER <u>OR</u> SOCIAL SECURITY NUMBER VA CLAIM NO. _____ <u>OR</u> SSN — —	
1G. WHAT WAS YOUR AGE AT THE TIME OF YOUR MARRIAGE?	2A. HAS YOUR REMARRIAGE BEEN TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," please provide the date in Item 2B and the reason for termination (i.e., death, divorce) in Item 2C)</i>		2B. DATE OF TERMINATION (MM/DD/YYYY) Month Day Year / /
2C. REASON FOR TERMINATION			
3A. DAYTIME TELEPHONE NUMBER (Include Area Code) — —		3B. EVENING TELEPHONE NUMBER (Include Area Code) — —	
4. E-MAIL ADDRESS			
5A. SIGNATURE (Sign in ink)		5B. DATE SIGNED (MM/DD/YYYY) Month Day Year / /	