

**APPLICATION FOR SURVIVORS BENEFITS
(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)**

(DO NOT WRITE
IN THIS SPACE)
VA DATE STAMP

IMPORTANT-- Read instructions before completing form. Detach and retain ONLY the instruction sheet

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN
(Type or print)

2. DATE OF DEATH

NOTE: If the veteran's Social Security No. is unknown, complete Items 4, 5, 6, and 7 about veteran.

3. SOCIAL SECURITY NO. OF VETERAN

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. NAME OF FATHER

7. MAIDEN NAME OF MOTHER

8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER 1936?

YES

NO

NOTE: The following information should be furnished for each period of the veteran's active service (regular or reserves) after September 7, 1939, in the military service of the United States or service as a commissioned officer in the Public Health Service or the National Oceanic and Atmospheric Administration or during WWII, Philippine or Filipino or Allied country military service. If additional space is needed, attach a separate sheet.

9A. DATE ENTERED ACTIVE SERVICE

9B. SERVICE NO.

9C. DATE SEPARATED FROM ACTIVE SERVICE

9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE

10. RELATIONSHIP OF APPLICANT TO VETERAN
 SURVIVING SPOUSE OR SURVIVING DIVORCED SPOUSE
 CHILD
 PARENT

11. DATE OF BIRTH OF APPLICANT

12. VA FILE NO.

CHILDREN: Show names of surviving children (including adopted children and stepchildren) or dependent grandchildren (including stepgrandchildren) who at any time since the veteran died, were unmarried and (a) under age 18; (b) age 18 to 19 and attending secondary school; (c) disabled or handicapped (18 or over and disability began before age 22).

13A.

13B.

13C.

13D.

I know that anyone who makes or causes to be made a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.

14. DATE (MM/DD/YYYY) 15. SIGNATURE OF APPLICANT (First name, middle initial, last name) (Sign in ink)

16. MAILING ADDRESS OF APPLICANT (No. and street or rural route, city or P.O., State and ZIP)

17. TELEPHONE NO. (Include Area Code)

Privacy Act Statement
Collection and Use of Personal Information

Section 202(o) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on your request for benefits.

We will use the information to determine your eligibility for benefits. We may also share this information for the following purposes, called routine uses:

- To Federal, State, or local agencies (or agents on their behalf), for administering income or health maintenance programs including programs under the Social Security Act; and
- To contractors and other Federal Agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; and 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***