



Office of the Treasurer and Receiver General of Massachusetts

Veteransbonus@tre.state.ma.us

## **Deceased Veteran Bonus Application**

Applicant's Information (Individual applying on behalf of the deceased veteran)												
First Name:				iddle itial:	Last	Last Name:						
Email:					Date of Birth:		Rela	Relationship to Veteran:				
SSN:				Gender: Phone Number: Male Female								
Street Address: Apt:				City: State:				Zip Co	Zip Code:			
Veteran's Information			<u> </u>									
First Name: Middle Initial:				Last Name:						SSN:	SSN:	
Veteran's name when ente	ed the s	ervice (if	diffe	rent than	curre	nt nan	ne – Nam	ne Ch	ange Docı	ımenta	tion Required)	
First Name: M In			e Last Name:					Gender: Male Female				
Veteran's address at Time of	f Entry ii	nto Servi	ce o	r Activat	ion fo	r Res	erve and	d Na	tional Gu	ard pe	ersonnel	
Street Address:		Apt:	City	City: State:				Zip Co	Zip Code:			
<b>Veteran's Service Informati</b>	on											
Date of Entry:	Dischar (If appl	ge Date: icable)						Grade:	Character of Service:			
Date of Activation: (Reserve/Guard)  Date Activation Er (Reserve/Guard)			ded:			Active	Active Duty: Reser		re: National Guard:			
Bonus Information (check Bo	uses appl	ying for)										
			to six months active			Six months or more active			e active	Foreig	Foreign service or merchant	
Died on Active Service: service						service:				marin	marine:	
<b>Korean War</b> :(25 Jun 50 – 31 Jan 55) 90 days			to six months stateside			Six months or more stateside ac			e stateside	active	One day or more	
Died on Active Service: active			La contraction de la contracti				service:				overseas service:	
Died on Active Service:					Service in Vietnam:							
September 11, 2001 to Present: Died on active service:	Six moi active s		Subsequent six Imminent Danger location: months deployment:			n:	Sub Imminent Danger:					
Duty/Deployment History												
Date Arrived Date Departed		information that occurred <b>after September 11, 2001</b> . Provide documenta Base/Ship Country/Body of water N							n if available ne of Operation			
Date Arrived Date Departed	Dd	se/silip		Country/Body of Water					INdili	е от Орегаціон		
Signature												
How did you hear about the program?												
I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate												
				·								
Signature of Applicant:							Date	e:				





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## **Deceased Veteran Bonus Application**

Other Family members' information (Required if applicant is not the spouse of the deceased veteran). Relationship documentation must be provided.

Bonuses shall be paid to the <u>decedent's heirs-at-law</u>; provided, that if there is <u>more than one heir-at-law</u>, payments shall, in either case, be made in such proportions as the state treasurer shall determine, and in determining the order of precedence, so far as practicable, the following order shall be observed: <u>spouse and children, mother or father, brother or sister, other dependents.</u>

DOB	Name	Address		Phone
Spouse				
Children				
Parents				
Father				
Mother				
Siblings				
Other De	pendents			
I here	eby swear under the pains and pena	Ities of perjury that the information I have provided i	n this applicat	ion is true and accurate
Signature			Date	





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## **Certificate of Massachusetts Residency Form**

Applicant's Information (To be completed by appl						
Bring a copy of your DD214 for	the City	//Tow	vn clerk to verify	entry/ac	tivation date	
Name when entered the Armed Forces or for Reserve/	Guard '	when	activated			
First Name:	Middle		Last Name:			
Compat Name of different them at the con-	Initial:					
Current Name if different than above	Middle		Last Names			
First Name:	Initial:	_	Last Name:			
Name of parent or local Guardian if you were 19 or yo			antarad the Arm	and Force	s or Activator	4
Name of parent or legal Guardian if you were 18 or younger when entered the Armed Forces or Act First Name:  Middle Last Name:					S OI ACTIVATE	u
That Nume.	Initial:		Last Name.	Last Warner		
Address at time entered the Armed Forces or Activated			Suard\			
Street Address:	Town/		suaru)		State:	Zip Code:
Street Address.	100011/	City.			State.	Zip code.
Date Entered Armed Forces or Date(s) Activated (Reservices) (DD214 Block 12A or Block 14)	ve/Gua	rd):	Date entered A	rmed Forces	; F	Reserve/Guard activation date
the member must have lived in Massachusetts at least 6 month in the Armed Forces. Please verify with your city/town records Armed Forces or being activated if Reserve/Guard.	that the	mem	nber lived in Massa	_		
Certifying Official's Information (To be completed				·/=		
I hereby certify that, according to the official records of office the above individual or legal guardian if minor at		Stree	et Address & City	y/ I own:		
time resided at:	tile					
Resided at the above address on the date listed. At least	st six	Date	);			
months immediately prior to entering the Armed Forces or						
being activate for Reserve/Guard personnel Month Year						
As listed on the member's DD214 Block 12A, Block 14 (Older   If entered January – June previous year is required						
DD214s) or other documentation provided by the appli	cant	If en	tered July – Dece		•	equired
Certifying Official's Name:				Phone N	lumber:	
Title:			Name of City or	Town:		
City/Town Clerk's Signature:					Date:	
Stamp To	own/C	ity s	eal in this are	a		
<b>,</b>						



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#### **Deceased Veteran Bonus Application**

We recommend to complete complete this checklist to ensure that the application and supporting documentation are correct. If you have questions on what is required email or call the Veterans' Bonus Division.

- If the veteran died while on active service, family members are eligible for the maximum amount available for that service period.
- If the veteran died after their service and did not receive the bonus that they were qualified for, the family members are eligible for their bonus.
- Eligible bonuses shall be paid to the decedent's heirs-at-law.
- If there is more than one heir-at-law, payments shall, in either case, be made in such proportions as the state treasurer shall determine, and in determining the order of precedence, so far as practicable, the following order shall be observed:
  - 1. Spouse and children
- 3. Brother or Sister
- 2. Mother or Father
- 4. Other dependents

World War II	Korean	Vietnam	Global War on Terrorism
Service between	Service between	Service between	Service on or after
9/16/40 – 6/25/47	6/25/50 - 1/31/55	7/1/58 – 5/17/75	9/11/01 - present
Died on Active Service			
\$300	\$300	\$300	\$1000

Documentation Required						
Death Certificate or DD2064 (if died overseas on active service)						
DD214 member 4 copy or DD1300 Casualty Report (if died while on active service)						
If current spouse is <u>not</u> listed on death certificate, provide marriage certificate						
If applicant is a child of deceased veteran – applicant's birth certificate or other						
documentation showing paternity						
Relationship documentation for siblings						
Application						
Correct contact information for applicant						
If veteran's name is different than when entered the military, include name change document						
Proof of Residency						
Veteran's Certificate of Residency signed by city/town clerk with the city/town seal, with the						
correct residency year on Certificate of Residency						
<ul> <li>Entered/activated in the months January – June: write the prior year</li> </ul>						
<ul> <li>Entered/activated in the months of July – December: write the current year</li> </ul>						
If using high school diploma, veteran must have entered military the same year graduated						
If using other documents, must show name and address prior to entering the military						

Mail the completed application and supporting documentation to the below address: (It is recommended to keep a copy of your application package)

Office of the State Treasurer (Deceased Veteran Bonus)
One Ashburton Place, Room 1207
Boston MA 02108