


*The Commonwealth of Massachusetts  
Department of the State Treasurer  
One Ashburton Place  
Boston, Massachusetts 02108-1608*

*Deborah B. Goldberg  
Treasurer and Receiver General*

## VIETNAM CONFLICT VETERANS' BONUS

The Veterans' Bonus is a division of the *Community and Veterans' Services Department* in Treasurer Grossman's Administration. We are proud to provide bonus payments for *World War II, Korean War, and Vietnam Conflict* veterans who did not receive their bonus upon discharge or release from the armed forces.

**Please make sure you meet the requirements of eligibility before completing this application.**



**Vietnam Conflict Bonus under Chapter 646, Acts of 1968**

**A) RESIDENCY REQUIREMENTS:**  
Veteran must have 6 months domicile in Massachusetts immediately prior to entry into the armed forces.

**B) DATES OF ELIGIBILITY:**  
Service between July 1, 1958 - May 17, 1975.

**C) PAYMENT INFORMATION:**

- ◆ 6+ continuous months of active service: **\$200**
- ◆ Vietnam (in country): **\$300**

### CHECKLIST

Please be certain to review this checklist to ensure you have included all necessary paperwork.



Completed application.

Certificate of Residency signed and sealed by the appropriate official in the city or town you lived in prior to entering the service. (If you were a minor at time of entry, please have a parent's residency certified.)

Enclose a copy of all your DD214 service discharge papers. You must have had an Honorable discharge.

Make sure that you have not applied for and received your bonus in the past by contacting the State Treasurer's Office: (617) 367-9333 x 859



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Today's Date:

**APPLICATION FOR VETERANS' BONUS: VIETNAM**

[We recommend that you complete this form online and then print the entire packet.]  
Please use all CAPS

**APPLICANT INFORMATION**

**Name at time of entry into service:**

Last  First  Middle initial

**Present name (if different):**

Last  First  Middle initial

**Address at time of entry into service:**

Street  City  State  Zip code

**Current address:**

Street  City  State  Zip code

**Length of legal residence in Massachusetts immediately prior to entry into service:** Years  Months

Phone number:  Email:

**Gender:**

Female  Male

**Social security number:**

SSN

**Date of birth:**

Month  Day  Year

**SERVICE INFORMATION**

**Number and location of Draft Board where registered:**

#  Location

Type of entry:  
(choose one)

Date of entry:

Date active  
service began:

Branch of service:

Grade:

Date of discharge  
or release:

**Dates of active service:**

FROM  TO

Length of service  
(choose one)

**PRINT THIS FORM AND SIGN YOUR NAME**

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate.

Signature:

## CERTIFICATE OF RESIDENCY

(This should be completed by a Massachusetts city/town official)

**ATTENTION:** City/Town Official: The date of residency must be no more than one year **prior** to the enlistment date.

**City or Town Name**

(a) I, hereby certify that, according to the official records of this office,

*Veteran's Name*

resided at:

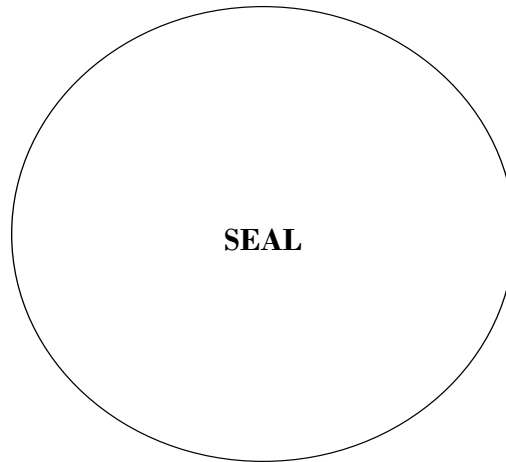
*Street Address*

in the Commonwealth of Massachusetts of January first of the year: \_\_\_\_\_ prior  
to the veterans entry into the armed forces of the United States in the course of either World War II,  
the Korean War, or the Vietnam Conflict.

*Signature of Official*

*Printed Name & Title of Official*

*Today's Date*



(b) If applicant was a MINOR at the time of enlistment, kindly certify in section (a) of Certificate of Residency, the name of veteran's father, mother, or legal guardian.

(c) I am unable to complete the above Certificate.

*Signature of Official*

*Printed Name & Title of Official*

*Today's Date*