



Deborah B. Goldberg
Treasurer and Receiver General

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

VETERANS' BONUS APPLICATION FOR DECEASED VETERAN

The State Treasurer's Office administers the Veterans' Bonus for the following wars:

WORLD WAR II	KOREAN	VIETNAM	IRAQ/AFGHANISTAN
Service between: 9/16/40-6/25/47	Service between: 6/25/50-1/31/55	Service between: 7/1/58-5/17/75	Service on or after 9/11/01– present

If you are the parent, spouse, or relative of a deceased veteran, the enclosed application is to be filled out as indicated:

- 1) The applicant must complete Sections **A** and **B** and one of the following other Sections pertaining to the relationship with the deceased veteran: **C** (Spouse), **D** (Children), **E** (Mother or Father), or **F** (Brother or Sister).
- 2) The city or town clerk, or election commission must **seal and certify** residence where the veteran was domiciled prior to entry into the Armed Forces. (This portion is part of Section A.)
- 3) Please use the provided checklist to ensure all proper documents are included before sending in the application. These documents should be copies.

CHECKLIST

SPOUSE	CHILDREN
<input type="checkbox"/> Marriage certificate <input type="checkbox"/> Birth certificate of deceased <input type="checkbox"/> Death certificate of deceased (if died out of service) <input type="checkbox"/> All DD214s (if died out of service) <input type="checkbox"/> DD Form 1300 (if died while in service) <input type="checkbox"/> Daytime telephone number	<input type="checkbox"/> Marriage certificate of parents <input type="checkbox"/> Death certificate of deceased's spouse <input type="checkbox"/> Birth certificates of all deceased's children <input type="checkbox"/> Birth certificate of deceased <input type="checkbox"/> Death certificate of deceased (if died out of service) <input type="checkbox"/> All DD214s (if died out of service) <input type="checkbox"/> DD Form 1300 (if died while in service) <input type="checkbox"/> Daytime telephone number
MOTHER OR FATHER	BROTHER OR SISTER
<input type="checkbox"/> Marriage certificate or Divorce decree <input type="checkbox"/> Birth certificate of deceased <input type="checkbox"/> Death certificate of deceased (if died out of service) <input type="checkbox"/> All DD214s (if died out of service) <input type="checkbox"/> DD Form 1300 (if died while in service) <input type="checkbox"/> Daytime telephone number	<input type="checkbox"/> Birth certificates of all deceased's siblings <input type="checkbox"/> Marriage certificate of deceased's parents <input type="checkbox"/> Birth certificate of deceased <input type="checkbox"/> Death certificate of deceased (if died out of service) <input type="checkbox"/> All DD214s (if died out of service) <input type="checkbox"/> DD Form 1300 (if died while in service) <input type="checkbox"/> Daytime telephone number

If you have any questions about this application, please call our office at: (617) 367-9333 ext. 859



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SECTION A

(DECEASED VETERAN'S INFORMATION)

ALL answers must be written in ink

1) Name of veteran:		
Last	First	Middle Initial
2) Name at time of death (if different):		
Last	First	Middle Initial
3) Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	4) SSN: <input type="text"/> - <input type="text"/> - <input type="text"/>	5) D.O.B.: <input type="text"/> / <input type="text"/> / <input type="text"/>
6) Branch of Service: <input type="text"/>	7) Rank/Grade: <input type="text"/>	8) Serial #: <input type="text"/> <i>(if applicable)</i>
9) Enlisted: <input type="text"/> / <input type="text"/> / <input type="text"/> <i>Date</i>	<input type="text"/> <i>Place</i>	10) Inducted (if applicable): <input type="text"/> / <input type="text"/> / <input type="text"/> <i>Date</i>
<input type="text"/> / <input type="text"/> / <input type="text"/> <i>Date</i>	<input type="text"/> <i>Place</i>	12) Active Duty began: <input type="text"/> / <input type="text"/> / <input type="text"/> <i>Date</i>
13) Date of Discharge: <input type="text"/> / <input type="text"/> / <input type="text"/>	14) Character of Service: <input type="text"/>	
15) Address at time of entry into service:		
<i>Street</i>	<i>City/Town</i>	<i>State</i> <i>Zip Code</i>
16) Address at time of separation from service: <i>(if different)</i>		
<i>Street</i>	<i>City/Town</i>	<i>State</i> <i>Zip Code</i>
17) Parents' names and addresses of deceased at time of entry into service:		
Mother:	<i>Name</i>	<i>Street</i> <i>City/Town</i> <i>State</i> <i>Zip Code</i>
Father:	<i>Name</i>	<i>Street</i> <i>City/Town</i> <i>State</i> <i>Zip Code</i>
18) Spouse's name and address if deceased was married at time of entry:		
Wife or Husband:	<i>Name</i>	<i>Street</i> <i>City/Town</i> <i>State</i> <i>Zip Code</i>

(Section A continued on next page)

 Applicant's Signature



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SECTION A (continued)

(DECEASED VETERAN'S INFORMATION)

ALL answers must be written in ink

CERTIFICATE OF RESIDENCY
 (to be completed by a City or Town Official ONLY)

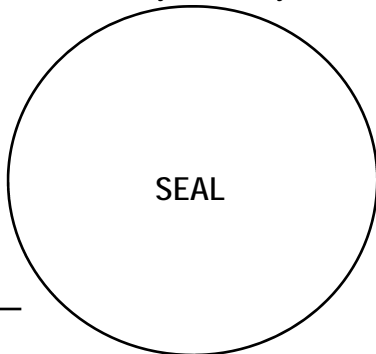
(A) I hereby certify that according to the official records of this office,

 (Name of Deceased Veteran)
 was a resident of _____ in the Commonwealth of Massachusetts on January first of the year :

prior to the veteran's entry into the armed forces of the United States.
 City or Town Name

(B) If applicant was a minor, certify residency of either father or mother's name in Section A, box 17.

(C) If you are unable to have the residency certified, please call the Veterans' Bonus Division in the State Treasurer's Office: (617) 367-9333 x859.



 Signature of City/Town Official

 Printed Name of Official

SECTION B

(TO BE FILLED OUT BY APPLICANT)

ALL answers must be written in ink

1) Name of applicant: _____
 Last First Middle Initial

2) Address of applicant: _____
 Street City/Town State Zip Code

3) Phone #: (____) _____ - _____
 4) Applicant's SSN: _____ - _____ - _____

5) Were you a dependent of the deceased? Yes No
 6) If "Yes", check the appropriate box to show what kind of dependant you were.
 (a) At time that deceased entered the service: Solely Partially
 (b) At time of death of deceased: Solely Partially

7) (a) Were there any other persons dependant upon the deceased? Yes No
 (b) If "Yes", please fill in the required information about said persons.

NAME	RELATIONSHIP	MINOR? YOR N

Penalty Provisions, Sec. 8, Ch. 646, Acts of 1968: "Whoever knowingly makes a false statement, oral or written, relating to material fact supporting a claim under the provisions of this act, shall be punished by a fine of not more than one thousand dollars, or by imprisonment for no more than three years, or both..."

 Applicant's Signature

 Date



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SECTION D- CHILDREN

(TO BE FILLED OUT BY ELDEST SON/DAUGHTER OF DECEASED)
 Copies of all children's Birth Certificates must be included

ALL answers must be written in ink

1) Full name of applicant:
Last *First* *Middle Initial*

2) Applicant's Date of Birth: / / 3) Applicant's Place of Birth:

4) (a) Name of other parent:
Last *First* *Middle Initial*

(b) Address of other parent (if living):
Street *City/Town* *State* *Zip Code*

(c) If not living, state date and place of death. (a copy of Death Certificate must be included.)
 Date: / / Place:

4) Please list names and addresses of all surviving children of deceased from present and any previous marriages.

<u>NAME</u>	<u>ADDRESS</u>

7) If applicant is a minor, write name and address of legal guardian, if any.
Name

Street *City/Town* *State* *Zip Code*

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Applicant's Signature



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SECTION F- SIBLING(S)

(TO BE FILLED OUT BY ELDEST SIBLING)
 Copies of Birth and Death Certificates of deceased must be included
 A copy of applicant's Birth Certificate must also be included

ALL answers must be written in ink

1) Applicant's date and place of birth.

(a) DOB: / / (b) Place:

2) Deceased's date and place of birth:

(a) DOB: / / (b) Place:

3) Names and addresses of parents of deceased:

PARENT	NAME	ADDRESS
MOTHER:		
FATHER:		

5) If either or both parents are not living, state the date and place of death of such parent(s): *(Please include a copy of their Death Certificates)*

PARENT	DATE OF DEATH	PLACE OF DEATH
MOTHER:		
FATHER:		

6) Names and addresses of living siblings of deceased:

SIBLINGS	NAMES	ADDRESSES
BROTHERS:		
SISTERS:		

Penalty Provisions, Sec. 8, Ch. 646, Acts of 1968: "Whoever knowingly makes a false statement, oral or written, relating to material fact supporting a claim under the provisions of this act, shall be punished by a fine of not more than one thousand dollars, or by imprisonment for no more than three years, or both..."

 Applicant's Signature