



The Commonwealth of Massachusetts Department of Veterans' Services
 600 Washington Street, 7th Floor Boston, MA 02111
 (617) 210-5480 Fax: (617) 210-5755 www.mass.gov/veterans

APPLICATION for ANNUITY

Massachusetts General Laws, Chapter 115, Section 6A, 6B, and 6C

1. Annuity Category Check one: -Blind, paraplegic, or 100% Disabled Veteran (All cases must be service connected)
 -Parents of Certain Deceased Veterans (Death must have been while on active duty)
 -Unremarried Spouses of Certain Deceased Veterans (Death must be service-connected)

2. Applicant's

Full Name: _____
Last, First, Middle Initial

Address: _____
Number, Street, Apartment Number, P.O. Box Number

_____ City/Town, State, Zip Code

Telephone: _____ Social Security: _____

Email Address: _____

3. Veteran's

Full Name (If different from Above): _____
Last, First, Middle Initial

Date of Birth: _____ Social Security Number: _____
Month Day Year

Branch of Service: _____ Service Number: _____ Grade/Rank: _____

Period of Active Service: From: _____ To: _____
Month Day Year Month Day Year

Character of Service (Type of Discharge): _____

Veteran's Home of Record (At time of entry into active Service): _____
City/State

Applicants next of Kin, name and address: _____

The following additional forms shall be filed with this application:

- Certificate of Discharge or Release from Active Service (Member 4 DD Form 214 w/Character of Services)
- Request for Verification of Taxation reporting form (W-9) and Direct Deposit Form (EFT)
- VA Rating Decision
- Death Certificate or Casualty Report of Deceased Veteran
- Birth Certificate of Deceased Veteran (parent application only)
- Marriage Certificate (spouse application only)
- VA/DIC Rating Decision (spouse applicant only)
- Please be aware that **NEW** applications for August payment must be received and approved by DVS by June 30th and for February payment must be received and approved by DVS by December 31st in any given year.

The law provides severe penalties, which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled. Further, I hereby authorize access to the U.S. Department of Veterans Affairs information or records to verify information provided in this application and in support of this request.

Signature _____ Date _____