

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 <u>prior</u> 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
 ☐ Marriage certificate ☐ Birth certificate of deceased ☐ Death certificate of deceased (if died out of service) ☐ All DD214s (if died out of service) ☐ DD Form 1300 (if died while in service) ☐ Daytime telephone number 	 □ Marriage certificate of parents □ Death certificate of deceased's spouse □ Birth certificates of all deceased's children □ Birth certificate of deceased □ Death certificate of deceased (if died out of service) □ All DD214s (if died out of service) □ DD Form 1300 (if died while in service) □ Daytime telephone number
MOTHER OR FATHER	BROTHER OR SISTER
 □ Marriage certificate or Divorce decree □ Birth certificate of deceased □ Death certificate of deceased (if died out of service) □ All DD214s (if died out of service) □ DD Form 1300 (if died while in service) □ Daytime telephone number 	 □ Birth certificates of all deceased's siblings □ Marriage certificate of deceased's parents □ Birth certificate of deceased □ Death certificate of deceased (if died out of service) □ All DD214s (if died out of service) □ DD Form 1300 (if died while in service) □ Daytime telephone number

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



SECTION A

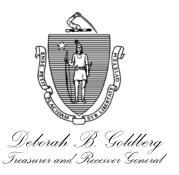
(DECEASED VETERAN'S INFORMATION)

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
	Eust		7 11 31	whate maar
3) Gender: Male □ Female □ 4) SSN: 4		5) D.O.I	B.:/	
6) Branch of Service:	7) Rank/Grade:	8)	Serial #: if applicable)	
9) Enlisted: Date Place	10) Inducted (if a	oplicable):	Date	Place
11) Commissioned (if applicable): J Date	Place	12) Active	e Duty began:	/ / Date
13) Date of Discharge: / /	14) Character of S	ervice:		
15) Address at time of entry into service:	•			
	Street		City/Town	State Zip Code
16) Address at time of separation from service: (if different)				
	Street		City/Town	State Zip Code
17) Parents' names and addresses of deceased at	time of entry into service:	1		
Mother:				
Name	Street		City/Town	State Zip Code
Fothers				
Father: Name	Street		City/Town	State Zip Code
18) Spouse's name and address if deceased was married at time of entry:				
Wife or Husband:	Street		City/Town	State Zip Code
rvanic	5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Oity/ TOWIT	Sidic Zip Code

(Section A continued on next page)

Applicant's Signature



SECTION A (continued)

(DECEASED VETERAN'S INFORMATION)

	ALL answ	ers must	t be written in ink	
CERTIFICATE OF RESIDENCY (to be completed by a City or Town Official C	DNLY)			
(A) I hereby certify that according to the official	I records of this office,			
was a resident of	/n Name eran's entry into the armed	_	(Name of Deceased Veteran) commonwealth of Massachusetts on January first of the year :	[']
	•			
(B) If applicant was a minor, certify residency of(C) If you are unable to have the residency certificate Treasurer's Office: (617) 367-9333 x8	rtified, please call the Veter			
Signature of City/Town Official		Printed Na	lame of Official	,
	SEC (TO BE FILLED ALL answers r		APPLICANT)	
1) Name of applicant:				/
2) Address of applicant:	Last		First Middle I	nitiai
	Street	[City/Town State Zip Code	
3) Phone #:	-	4) Applic	icant's SSN:	
5) Were you a dependent of the deceased? Yes □ No □	(a) At time that dec	ceased enter	x to show what kind of dependant you were. ered the service: Solely □ Partially □ ed: Solely □ Partially □	
7) (a) Were there any other persons depended(b) If "Yes", please fill in the required inform	•	s□ No□	Penalty Provisions, Sec. 8, Ch. 646, Acts of 1968: "Whoever knowingly make false statement, oral or written, relating to material fact supporting a claim u the provisions of this act, shall be punished by a fine of not more than one	es a Inder
<u>NAME</u>	<u>RELATIONSHIP</u>	MINOR? YOR N	thousand dollars, or by imprisonment for no more than three years, or both.	"
			Applicant's Signature	_



SECTION C- SPOUSE

(TO BE FILLED OUT BY SPOUSE OF DECEASED)

A copy of Marriage Certificate must be included

	ALL ans	wers must be w	vritten in ink	
1) Maiden name of app (if applicable)	olicant:			
	Last		First	Middle Initial
2) Full name of applicat	nt:			
	Last		First	Middle Initial
3) Applicant's Date of E	Birth:	4) Applican	t's Place of Birth:	
5) Applicant's date of m	narriage to deceased. (Marriage Certificate	must be included):	6) Place of marriage:	
		ŕ		
7) (a) Are there any su	rviving children of the deceased? Yes	No ☐ (b) If "Yes	", please list names, addresses, and dat	es of birth.
	<u>NAME</u>		<u>ADDRESS</u>	DATE OF BIRTH
8) (a) Did the decease	d leave a surviving mother, father, or both?	Yes□ No□ (I	b) If "Yes", please list names and addres or both deceased, please write "dece	·
<u>PARENT</u>	<u>NAME</u>		<u>ADDRESS</u>	
MOTHER:				
FATHER:				
9) (a) Has the marriage	e to deceased been dissolved by divorce? \	∕es□ No□ (b)	If so, a certified copy of decree of court this application.	must be included with
false statement, oral or write	Ch. 646, Acts of 1968: "Whoever knowingly make tten, relating to material fact supporting a claim us shall be punished by a fine of not more than one tl	nder		
sand dollars, or by imprison	nment for no more than three years, or both"		Applicant's Signature	



SECTION D- CHILDREN

(TO BE FILLED OUT BY ELDEST SON/DAUGHTER OF DECEASED)

Copies of all children's Birth Certificates <u>must</u> be included

ALL answers must be written in ink

AL	L 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):		
(c) If not living, state date and place of death. (a copy of Death	Street City/Town of Certificate must be included.)	State Zip Code
Date: / / / / / / / / / / / / / / / / / / /	Place:	
4) Please list names and addresses of all surviving children of	deceased from present and any previous marriages.	
NAME	<u>ADDRESS</u>	
7) If applicant is a minor, write name and address of legal guar	dian, if any.	
	Nome	
	Name	
		- 11 - 11 - 1
Street	L	State Zip Code
Street Penalty Provisions, Sec. 8, Ch. 646, Acts of 1968: "Whoever knowingly makes a fa	City/Town	State Zip Code

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



SECTION E- PARENT

(TO BE FILLED OUT BY MOTHER/FATHER OF DECEASED)

A copy of Marriage Certificate or Divorce decree of parents & Birth Certificate of deceased <u>must</u> be included

Date and place of birth of deceased: Date Place Place Place Place All place Place B) Name of other parent of deceased: Last First Middle Initial		ALL answers must be written in	INK	
Date Place	1) Date and place of marriage of applicant:	Date Date	Place	
Last Last Street CityTown Date Place (a) Date and place of most recent marriage: Last Last CityTown State City	2) Date and place of birth of deceased: /	Date	Place	
Last Last Street CityTown Date Place (a) Date and place of most recent marriage: Last Last CityTown State City	3) Name of other parent of deceased:			
A) If other parent is living, state address of said parent: Street		Fi	rst	Middle Initial
if other parent is deceased, state date and place of death. (A copy of Death Certificate must be included.) Date	4) If other parent is living, state address of said parent:	. "	31	widale iiilai
So) If other parent is deceased, state date and place of death. (A copy of Death Certificate must be included.) Date	Street	City/Town	State	Zin Code
(a) Date and place of most recent marriage: (b) Name of spouse: (c) Address of spouse, if living: Street (d) Manner of dissolution of marriage. (Choose one): Divorce Death (e) Names and addresses of all surviving children of any past and present marriage.				Zip Code
(a) Date and place of most recent marriage: (b) Name of spouse: (c) Address of spouse, if living: Street (d) Manner of dissolution of marriage. (Choose one): Divorce Death (e) Names and addresses of all surviving children of any past and present marriage.			N.	
(a) Date and place of most recent marriage: Date Date			Place	
Date Place (b) Name of spouse: Last First Middle Initial (c) Address of spouse, if living: Street City/Town State Zip Code (d) Manner of dissolution of marriage. (Choose one): Divorce □ Death □ (e) Names and addresses of all surviving children of any past and present marriage.	b) was the deceased married? Yes \(\triangle	se state:		
Cc) Address of spouse, if living: Street City/Town State Zip Code (d) Manner of dissolution of marriage. (Choose one): Divorce Death (e) Names and addresses of all surviving children of any past and present marriage.	(a) Date and place of most recent marriage:	Date	Place	
Cc) Address of spouse, if living: Street City/Town State Zip Code (d) Manner of dissolution of marriage. (Choose one): Divorce Death (e) Names and addresses of all surviving children of any past and present marriage.	(h) Name of snouse:			
Street City/Town State Zip Code (d) Manner of dissolution of marriage. (Choose one): Divorce Death (e) Names and addresses of all surviving children of any past and present marriage.	Last		First	Middle Initial
(d) Manner of dissolution of marriage. (Choose one): Divorce Death Ce) Names and addresses of all surviving children of any past and present marriage.	(c) Address of spouse, if living:			_
(d) Manner of dissolution of marriage. (Choose one): Divorce Death Ce) Names and addresses of all surviving children of any past and present marriage.	Chart	City/Tourn	State	7in Codo
(e) Names and addresses of all surviving children of any past and present marriage.		·	State	zip code
	• • • • • • • • • • • • • • • • • • • •			
NAME ADDRESS		•	DDECC	
	IVAIVIL	Abi	DKL33	
	Penalty Provisions Sec. 8 Ch. 646 Acts of 1068: "Whoover knowing	adv makes a		
	Penalty Provisions, Sec. 8, Ch. 646, Acts of 1968: "Whoever knowing	gly 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



SECTION F- SIBLING(S)

(TO BE FILLED OUT BY ELDEST SIBLING)

Copies of Birth and Death Certificates of deceased <u>must</u> be included A copy of applicant's Birth Certificate <u>must</u> also be included

ALL answers must be written in ink

	ALL allowe	515 IIIus	or de willten in link	
1) Applicant's date and	place of birth.			
(a) DOB:	/ / (b) Pla	ce:		
2) Deceased's date and	d place of birth:			
(a) DOB:	/ / (b) Pla	ce:		
3) Names and address	es of parents of deceased:			
<u>PARENT</u>	<u>NAME</u>		<u>ADDRESS</u>	
MOTHER:				
FATHER:				
5) If either or both pare	nts are not living, state the date and place of d	eath of su	ch parent(s): (Please include a copy of their Death Certificates)	
<u>PARENT</u>	<u>DATE OF DEATH</u>		PLACE OF DEATH	
MOTHER:				
FATHER:				
6) Names and address	es of living siblings of deceased:			
<u>SIBLINGS</u>	<u>NAMES</u>		<u>ADDRESSES</u>	
BROTHERS:				
DROTTERS.				
<u>SISTERS:</u>				
false statement, oral or w	8, Ch. 646, Acts of 1968: "Whoever knowingly makes a ritten, relating to material fact supporting a claim under the line purished by a fine of not more than one the	er		
sand dollars, or by impris	shall be punished by a fine of not more than one thou conment for no more than three years, or both"	_	Applicant's Signature	—