



Massachusetts Veterans Bonus Program
Office of the State Treasurer
One Ashburton Place, Room 1207
Boston MA 02108
(617)367-9333 Ext 859
Veteransbonus@tre.state.ma.us



Office of the Treasurer and
Receiver General of Massachusetts

Deceased Veteran Bonus Application

Applicant's Information (Individual applying on behalf of the deceased veteran)					
First Name:		Middle Initial:	Last Name:		
Email:		Date of Birth:	Relationship to Veteran:		
SSN:		Gender: Male Female	Phone Number:		
Street Address:		Apt:	City:	State:	Zip Code:
Veteran's Information					
First Name:		Middle Initial:	Last Name:		SSN:
Veteran's name when entered the service (if different than current name – Name Change Documentation Required)					
First Name:		Middle Initial:	Last Name:		Gender: Male Female
Veteran's address at Time of Entry into Service or Activation for Reserve and National Guard personnel					
Street Address:		Apt:	City:	State:	Zip Code:
Veteran's Service Information					
Date of Entry:		Discharge Date: (If applicable)		Branch of Service:	Grade: Character of Service:
Date of Activation: (Reserve/Guard)		Date Activation Ended: (Reserve/Guard)		Active Duty:	Reserve: National Guard:
Bonus Information (check Bonuses applying for)					
World War II: (16 Sep 40 – 25 Jul 47) Died on Active Service:		One day to six months active service:	Six months or more active service:	Foreign service or merchant marine:	
Korean War: (25 Jun 50 – 31 Jan 55) Died on Active Service:		90 days to six months stateside active service:	Six months or more stateside active service:	One day or more overseas service:	
Vietnam Conflict: (1 Jul 58 – 17 May 75) Died on Active Service:		Six months or more active service other than Vietnam:			Service in Vietnam:
September 11, 2001 to Present: Died on active service:		Six months active service:	Subsequent six months deployment:	Imminent Danger location:	Sub Imminent Danger:
Duty/Deployment History					
Include all duty and deployment information that occurred after September 11, 2001 . Documentation must be provided					
Date Arrived	Date Departed	Base/Ship	Country/Body of water	Name of Operation	
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:	



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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 decedent's heirs-at-law; provided, that 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: spouse and children, mother or father, brother or sister, other dependents.

DOB	Name	Address	Phone
Spouse			
Children			
Parents			
Father			
Mother			
Siblings			
Other Dependents			
I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate			
Signature			Date



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Certificate of Massachusetts Residency Form

Applicant's Information (To be completed by applicant)			
Bring a copy of your DD214 for the City/Town clerk to verify entry/activation date			
Name when entered the Armed Forces or for Reserve/Guard when activated			
First Name:	Middle Initial:	Last Name:	
Current Name if different than above			
First Name:	Middle Initial:	Last Name:	
Name of parent or legal Guardian if you were 18 or younger when entered the Armed Forces or Activated			
First Name:	Middle Initial:	Last Name:	
Address at time entered the Armed Forces or Activated (Reserve/Guard)			
Street Address:	Town/City:	State:	Zip Code:
Date Entered Armed Forces or Date(s) Activated (Reserve/Guard): (DD214 Block 12A or Block 14)		Date entered Armed Forces	Reserve/Guard activation date

City/Town Clerk Instructions: The above individual is applying for the Massachusetts Veterans' Bonus. The laws for each bonus require that the member must have lived in Massachusetts at least 6 months immediately prior to entering or being activated for the Reserve or National Guard in the Armed Forces. Please verify with your city/town records that the member lived in Massachusetts for at least 6 months prior to entering the Armed Forces or being activated if Reserve/Guard.

Certifying Official's Information (To be completed by City/Town Official)	
I hereby certify that, according to the official records of this office the above individual or legal guardian if minor at the time resided at: ➔	Street Address & City/Town:
Resided at the above address on the date listed. At least six months immediately prior to entering the Armed Forces or being activate for Reserve/Guard personnel ➔ As listed on the member's DD214 Block 12A, Block 14 (Older DD214s) or other documentation provided by the applicant	Date: _____ Month Year If entered January – June previous year is required If entered July – December current year is required
Certifying Official's Name:	Phone Number:
Title:	Name of City or Town:
City/Town Clerk's Signature: _____	Date: _____
Stamp Town/City seal in this area	



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The Office of the State Treasurer administers a Veterans Bonus for the below wars. Use this checklist to help you fill out the application form and provide a complete set of supporting documentation to prove your eligibility for the deceased veteran’s bonus from Massachusetts.

- 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
 2. Mother or Father
 3. Brother or Sister
 4. Other dependents

World War II	Korean	Vietnam	Global War on Terrorism
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
Died on Active Service \$300	Died on Active Service \$300	Died on Active Service \$300	Died on Active Service \$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 style="list-style-type: none"> • Entered/activated in the months January – June: write the prior year • Entered/activated in the months of July – December: write the current year
	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