

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

*Deborah B. Goldberg
Treasurer and Receiver General*

WORLD WAR II 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.



World War II Bonus under Chapter 731, Acts of 1945

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 September 16, 1940 - June 25, 1947.

C) PAYMENT INFORMATION:

- ◆ 1 day to 6 months active service: **\$100**
- ◆ 6+ continuous months of active service: **\$200**
- ◆ Foreign Service & Merchant Marines: **\$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: WORLD WAR II

[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:

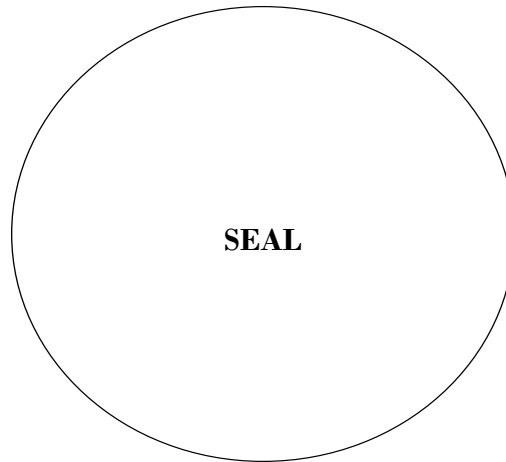
prior

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