

**SURVIVOR ASSISTANCE GUIDE
AND
FAMILY PREPARATION WORKSHEETS
PREPARED BY
DISABLED AMERICAN VETERANS (DAV)
SPACECOAST CHAPTER 123**



12/01/2024

**FOR VETERANS, THEIR FAMILIES,
AND SURVIVORS OF DECEASED VETERANS AND RETIREES**

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COMMANDER'S COMMENTS

The purpose of this updated guide is:

- a) To assist families as they prepare for the eventuality of the Veteran's or spouse's death.
- b) To assist the survivors in settling the affairs of the deceased Veteran and preparing for their future lives.

The guide is designed to support the Family Preparation and Survivor Assistance Support program initiated by Disabled American Veterans (DAV) Chapter 123 in 2013.

The military generally provides survivor assistance to the next of kin of all deceased service members when they die on active duty or after retirement, this booklet covers a broader range of typical survivor assistance issues that Veterans and families encounter. This guide and worksheet package are designed to assist Veterans and their families in:

- a) Notification of appropriate agencies of the death of a Veteran and
- b) Obtaining available benefits from the Veterans Administration (VA), Defense Finance and Accounting Services (DFAS), and Social Security

This book was printed using funds donated to the Chapter. If you have questions about donating to the Chapter, please contact us at (321) 452-1774 or please stop by our office in the Brevard County Veterans Center on Merritt Island.

THIS BOOKLET IS NOT INTENDED TO PROVIDE LEGAL OR PROFESSIONAL ADVICE, IT IS STRICTLY A GUIDE DESIGNED TO ASSIST SURVIVORS IN SORTING OUT AND IDENTIFYING THE NUMEROUS AND OFTEN COMPLEX ISSUES THAT THEY FACE UPON DEATH OF A SERVICE MEMBER OR SPOUSE. IT IS RECOMMENDED THAT YOU SEEK PROFESSIONAL OR LEGAL ASSISTANCE AS APPROPRIATE.

William Grooten
Commander
DAV Space Coast Chapter 123

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SECTION 1

1. Arrangements for the loss of a Veteran, retiree, dependent or spouse

1.1. Immediate Notifications

These needs for each are highly individual and difficult under the circumstances. Some considerations include:

- Family members
- Funeral home/funeral director
- Clergy or Church
- Lawyer
- Trust administrator
- Executor of the estate
- Support network of friends

1.2. Funeral and Burial

Working with the Funeral director the family must plan the funeral or use a pre-arranged funeral plan. Some planning factors that need to be considered are:

- Durable Power of Attorney, Living Will or Advance Directive requirements
 - Organ donation or body donation wishes
 - Location of funeral and Celebration of Life
 - Cremation
 - Donation of body part(s) or body
 - Burial considerations
 - Burial in a National Cemetery in Florida
 - Burial at private cemetery, funeral director
 - Burial at Sea
 - Burial at Arlington National Cemetery
- Arlington National Cemetery's eligibility requirements for burial and inurnment are different from other national cemeteries that are maintained by the Department of Veterans Affairs (VA). Eligibility for in-ground burial at Arlington National Cemetery is the most stringent of all U.S. national cemeteries. For eligibility details, go to <https://www.arlingtoncemetery.mil/Funerals/Scheduling-a-Funeral/Establishing-Eligibility>

1.3. Veterans Administration (VA) Support

This VA web site <http://www.vba.va.gov/survivors/index.htm> is specifically designed to assist surviving spouses. The site provides links to the VA pages describing survivor benefits and other government sites that may offer valuable information and assistance. There is also a link to Frequently Asked Questions (FAQs) to assist you.

- Headstones and Markers
- Presidential Memorial Certificates
- Reimbursement of Burial Expenses
- Veteran benefits include free burial in a national cemetery,

Other Funeral and Burial Support

The National Cemetery Administration honors Veterans and their families with final resting places and lasting memorials that commemorate their service to our nation.

The Department of Veterans Affairs (VA) National Cemetery Administration maintains 131 national cemeteries, one national Veteran's burial ground and 33 soldiers' lots and monument sites in 40 states and Puerto Rico.

Burial benefits include a gravesite in any of the open cemeteries with available space, opening and closing of the grave, perpetual care, a government headstone or marker, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. Some Veterans may also be eligible for a burial allowance. Cremated remains are buried or inurned in national cemeteries in the same manner and with the same honors as casketed remains.

Burial benefits available for eligible spouses and dependents include burial with the Veteran and perpetual care of the interment site. The spouse or dependent's name and date of birth and death will be inscribed on the Veteran's headstone at no cost to the family. Spouses and eligible dependents are eligible for burial even if they predecease the Veteran and do not have to be interred in the same national cemetery as the Veteran.

To schedule a burial fax the discharge papers to (866) 900-6417 and follow-up with a phone call to (800) 535-1117.

1.3.1 Funeral Honors

- a. The Patrick Air Force Base Mortuary Affairs office **(321) 494-2919** is responsible for providing military funeral honors to eligible deceased military personnel within the Brevard County Area of Florida. Active Duty, Reserve, National Guard, Retirees and Veterans may be eligible.
- b. Full military funeral honors will be provided for all deceased Active Duty personnel and Medal of Honor recipients. A full military funeral honors team consists of nine members who perform as pallbearers (at the gravesite), a firing team, flag folders, a chaplain (if requested, subject to availability) and a bugler.
- c. Full military funeral honors will be provided for Military Retirees when resources permit. If resources do not permit, a two-member abbreviated team will render the honors. Funeral Honors for all other Veterans will consist of two members to fold and present the flag to the Next-of-Kin and "TAPS" will be rendered.

1.3.2 Burial at Sea Option for Retirees

- a. Burial at sea is a means of final disposition of remains that is performed on U.S. Navy vessels, and may be available to honorably discharged Navy retirees, veterans, and their dependent family members.
- b. The disposition of remains involves assembling paperwork and coordinating for the burial with a port of embarkation. Available ports can be found by calling Navy Mortuary Affairs at **(866) 787-0081**. A committal ceremony is performed while the ship is deployed; therefore, family members are not allowed to be present. The commanding officer of the ship assigned to perform the ceremony will notify the family of the date, time, and longitude and latitude once the committal service has been completed.
- c. To apply for a burial at sea, the person authorized to direct disposition needs to print out and complete a request form, available at:
<http://wwwnpc.naw.mil/CommandSupport/CasualtyAssistance/MortuaryServices/Burial+At+Sea.htm>
- d. Documents such as a photocopy of the death certificate; burial transit permit or cremation

certificate; and copy of the DD Form 214, WWII discharge certificate, or retirement order must be submitted with the form.

- e. Cremated remains must be in an urn; plastic or metal container. The cremated remains package should be sent via certified mail, return receipt requested. Intact, or casketed, remains require very specific preparation, and all expenses are the responsibility of the person authorized to direct disposition. For more information contact Navy Mortuary Affairs or visit the web-site listed above. (Courtesy of the U.S. Navy.
- f. Durable Power Attorney, Living Wills, Advance Directive Requirements. These documents need to be reviewed to ensure that the desires of the deceased are met. Make sure that the funeral and burial plans are in accordance with desires expressed in these documents.

g. Beware of Your Vulnerability the Potential Impact of Identity Thieves

- h. This is a heavy topic on the heels of the passing of a loved one but as anyone who has survived the death of a spouse knows, the responsibility and respect for that person continue long past the date of their death. Identity theft isn't just a problem for the living anymore, the thieves are stealing the identities of deceased Americans more and more each year. The impact can be devastating. See more details in Section 8 including a checklist which can assist you in protecting yourself and your deceased spouse. (See Section 8.)

SECTION 2

2. PRIORITY NOTIFICATION REQUIREMENTS UPON VETERAN, RETIREE, SPOUSE, DEPENDANT OR ANNUITANT DEATHS

Timely reporting the Veteran or spouse's death to the appropriate government agencies is important to prevent overpayments of retirement, annuity and disability benefits. **Any check received after the veteran's or the annuitant's death must be paid back.**

2.1 Defense Finance and Accounting Service (DFAS)

For the reporting of death of an Air Force, Army, Navy, and Marine Corps Veteran or the deaths of recipients of Survivor Benefit Payment (SBP) Annuity payments, the easiest and quickest means is by completing the on-line **DFAS Form 9221 (Notification of Death Fast Form)** available at the DFAS website <https://www.dfas.mil/RetiredMilitary/>.

The next best method of reports a Veteran's death or that of annuity recipients is via telephone at telephone (800) 269-5170 or Toll-free: (800) 321-1080 Local: (216) 522-5955 or DSN: 580-5955

If these methods are not available, you can notify the DFAS Casualty Care Team by fax or mail providing the retirees' or annuitant's Social Security Number and date of birth and be prepared to provide a copy of the death certificate that indicates the cause of death.

For Retirees:

Defense Finance and
Accounting Service
U.S. Military Retired Pay
8899 E 56th Street
Indianapolis, IN 46249-1200
Fax 800-469-6559

For Annuitants

Defense Finance and
Accounting Service
U.S. Military Annuitant Pay
8899 E 56th Street
Indianapolis, IN 46249-1300
Fax 800-982-8459

DFAS officials will take steps to close out the pay account to prevent any overpayments. If the deceased was, a retiree enrolled in the Survivor Benefit Plan (SBP) and/or the Retired Service member's Family Protection Plan (RSFPP), DFAS officials will take additional steps to initiate pay accounts for eligible survivors.

2.2 U.S. Coast Guard and National Oceanic and Atmospheric Administration (NOAA)

Notify U.S. Coast Guard Human Resources Service and Information Center at (866) 772-8724

2.3 U.S. Public Health Service (USPHS)

Notify the USPHS at (800) 279-1605.

2.4 Veterans Administration (VA)

Report the retiree's death to the Veterans Administration at (800) 827-1000 so that any disability compensation payments can be terminated. This call will initiate application for potential VA benefits. For additional information about VA related benefits and eligibility.

The Department of Veterans Affairs is available to answer questions about Veterans Affairs benefits at their nationwide toll-free telephone number, **(1-800-827-1000)**, (Hearing Impaired may call, **(1-800-829-4833)**). For additional information, visit their website at: <http://www.va.gov>

2.5 Social Security Administration (SSA)

Notify the SSA of a retiree's death at the Melbourne SSA office at **(321) 255-5510** or call **(800) 772-1213**. Your funeral director should make this notification; however, a follow-up call is recommended.

2.6 Defense Enrollment Eligibility Reporting System DEERS)

Notify DEERS of the retiree's death at **(800) 538-9552**.

2.7 Civil Service Or Federal Employee Retirement System (FERS) Retiree

- If the Veteran was also Civil Service Retirement System (CSRS) or Federal FERS retiree, notify the Office of Personnel Management at (888) 767-6738 or (724) 794-2005 (Civil Service SBP Casualty and Federal Group Life Insurance inquiries).
- If the deceased also participated in the Thrift Savings Plan, contact the Federal Retirement Thrift Investment Board at (888) 767-6738 or (504) 255-6000.

The exact type of benefits and the amount for each survivor will depend on each individual case. State, Country or City Governments Retirement Programs

If the Veteran/retiree has been receiving retirement benefits from any state, country or city governments or agencies, notify the appropriate office.

2.8 Private Sector or Commercial Corporations Pension and/or Benefits Programs

If the Veteran was working for a civilian employer at time of his death, contact the employer to determine the eligibility requirements for survivor benefits if they exist or if the Veteran has signed up for them. If the Veteran was retired from employment in the private sector and was receiving retirement and/or other benefits, notify that employer or pension plan administrator. Confirm whether pension and or other benefits continue after the death of the retiree. Also, confirm whether the pension and/or benefits continue if the spouse remarries after the death of the Veteran retiree.

SECTION 3

3. APPLICATIONS FOR LIFE INSURANCE PAYOUTS, CHANGES TO INSURANCE POLICIES AND ACCOUNT NAME CHANGES

3.1 Life Insurance Benefits

Generally, death benefits paid to a named beneficiary are not taxable if they are included in the total of the deceased's estate. Insurance proceeds left to the estate, or with no surviving beneficiaries, must be filed in the probate proceedings.

Proceeds from the policies may be paid to the beneficiary in different ways. Proper advice can help resolve investment questions. A pre-funded funeral plan can then provide funds for day-to-day expenses that the survivors must meet.

3.2 VA Life Insurance (such as NSLI)

If the retiree has a VA Life Insurance Policy, notify the VA at **(800) 669-8477**, or write to Department of Veteran Affairs, Regional Office and Insurance Center, Box 42954, Philadelphia, PA 19101.

3.3 Serviceman's Group Life Insurance (SGLI) and Veterans Group Life Insurance (VGLI)

http://www.benefits.va.gov/insurance/resources_handbook_ins.asp To report death of a retiree or to check if retiree was insured, call **(800) 237-1336** or write to Office of Serviceman's Group Life Insurance (OSGLI), 213 Washington St., Newark, NJ 07102.

3.3.1 If the policy number is unknown

Provide the Veteran's VA file number, social security number, date of birth, military service number or military service branch and dates of service. If retiree was insured, they will provide an application for benefits to you. Fill out the application and return with a copy of the retiree's death certificate.

3.4 Commercial Life Insurance

If the Veteran or spouse has additional life insurance, contact the company or company agent and report the retiree's death and ask how to apply for the benefit. Usually a copy (certified or regular copy) of the death certificate and a claim form or a letter with pertinent information on the deceased and beneficiary is needed in order to obtain the policy payout.

3.5 Other Insurance

If the Veteran or spouse has additional types of insurance such as those listed below, contact the company or company agent, report the retiree's death and ask how to apply for the benefit. Usually a copy (certified or regular copy) of the death certificate and a claim form or a letter with pertinent information on the deceased and beneficiary is needed in order to obtain the policy payout.

- Group insurance from Veterans organizations and fraternal or civic organizations
- Insurance from spouse's place of employment
- Credit card insurance
- Credit life (mortgages, vehicles, personal loans)
- Car insurance, personal injury protection
- Homeowner's policy (under certain applications)
- Accidental Death Policies
- Health Insurance Policy notifications and changes (Medical, Vision, Pharmacy, Medigap, etc.),
- Dental
- Long Term Health Care, etc.
- Life Insurance for Children
- Accidental Death and Dismemberment

3.6 Life Insurance Policy Problems

The American Council of Life Insurance
1001 Penn Avenue N.W.
Washington, D. C. 20004
Telephone (202) 624-2000

Or

National Insurance Consumer Information and Reference Service Helpline at (800) 942-4242

These organizations assist in locating lost or unobtainable policies. Contact the local agent who may have more detailed information regarding other policies the insured may have with the company.

The following documents may be required for claiming benefits:

- Insurance policies
- Lost Policy Form/Statements
- Change of Beneficiary Endorsement
- Certified Death Certificate of the insured
- Beneficiary's Certified Death Certificate if the beneficiary is deceased
- Properly completed claim form(s)
- Proof of marriage
- Proof of payment of funeral expenses, when all beneficiaries are deceased, and proceeds go to the estate. Death benefits may be assigned to pay funeral expenses or be deposited in the deceased's estate.

3.7 Policy or Account Name Change

Accounts must be changed to the name of the survivor. For each Veteran/retiree and/or spouse, based upon whose name the accounts are held in, contact must be made and appropriate actions taken. If the Family Planning Worksheet documents have been completed, identifying these organizations will be much easier. If not, here are some of the types of organization that may need to be contacted:

- Utility companies (gas, water, electric)
- Securities or Brokerage Houses for IRAs, Stock, Trusts and Bonds
- Banks for checking and saving accounts, credit cards and safety deposit boxes
- Mortgage Companies when property ownership or partial ownership is involved
- Creditors for loans (home, vehicles, etc.)
- Bank where the Safety Deposit Box is located
- Vehicle Insurance (Cars, trucks, boats, etc.)
- Property Insurance - Primary residence
- Property Insurance - Secondary, Vacation or other property
- Renter's Property Insurance
- Leasing companies if car or truck is leased

SECTION 4

4. APPLICATIONS FOR BENEFITS

Our DAV Chapter may assist with preparation of the claim

Prevent Overpayments - Timely Reporting of the Retiree's Death: It is advisable to contact your VSO prior to contacting any other agency to ensure that retirement and disability overpayments are avoided. It is very important to notify the appropriate government agencies as soon as practical after death. Overpayments have to be paid back.

Note: Any check received after the date of death will have to be returned to DFAS or the VA.

4.1 Payments

The designated beneficiary or spouse is authorized payment of retired pay from the 1st of the month through the day of death. DFAS upon notice of an annuitant's death will stop pay and begin to close out the decedent's account in order to preclude overpayments. To assist in this matter, DFAS will send and, if applicable, SBP/RSFPP-related forms in the mail within seven to 10 business days after reporting the death including a **DFAS Form 1174 - Claim for Unpaid Compensation** to retiree's spouse or designated beneficiary for completion. When completed, it must be returned with a copy of the death certificate to:

DFAS U.S. Military Retired Pay
London, KY 40742-7130
Fax: (800) 469-6559

4.2 Veterans Administration (VA) Benefit Programs

The VA has a web site specifically designed to assist surviving spouses. The site is: http://www.va.gov/opa/persona/dependent_survivor.asp. The site provides links to the VA pages describing survivor benefits and other government sites that may offer valuable information and assistance. There is also a link to Frequently Asked Questions (FAQs) to assist you.

Special Note: *The Arlington National Cemetery (ANC) is not a VA cemetery; for details concerning requests and eligibility for burial at the ANC, see:*

<http://www.military.com/benefits/burial-andmemorial/arlington-national-cemetery.html>

- 4.3.1 Burial benefits available include a gravesite in any of our cemeteries around the world with available space, opening and closing of the grave, perpetual care, a Government headstone or marker, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. Some Veterans may also be eligible for Burial Allowances.
- 4.3.2 Burial benefits available for spouses and dependents buried in a national cemetery include burial with the Veteran, perpetual care, and the spouse or dependents name and date of birth and death will be inscribed on the Veteran's headstone, at no cost to the family. Eligible spouses and dependents may be buried, even if they predecease the Veteran. If both Spouses are Veterans, when one of the passes and is buried in a National Cemetery, upon request, the site next to the deceased Veteran can be reserved. (This is the only time a plot can be reserved). If the spouse of a Veteran passes and the family request

for her internment at a different National Cemetery for convenience, this also can be arranged. If a Veteran has been interned a National Cemetery (Ex: Bushnell) and the family request to move the remains to another National Cemetery (Ex: Cape Canaveral), as long as the family request and pays for the exhumation and transportation of the remains.

4.3.3 U.S. Coast Guard Application

Application for Annuity for USCG Survivor Benefit Plan can be found by searching for CG PPC-1884 (rev 03/03).

Mail completed application to:
Commanding Officer (RAS)
U.S. Coast Guard Pay and Personal Center
444 SE Quincy St.
Topeka Ks. 66683-3591
(800) 772-8724

4.3.4 **Cape Canaveral** - National Cemetery, cremated remains represent about 75% of interments. They receive the same honors as casketed remains. However, with cremated remains there are 4 options of final disposition.

1. They can be buried in the same manner as a casket, with the same headstone as a standard casket grave
2. They can be placed in the columbarium (a wall with areas for the urns)
3. They can be scattered in the Ossuary (a Memorial Garden) and the name placed on the Memorial Wall, or If the Family chooses to spread the ashes in a manner that cannot be visited (such as spreading them around in the Ocean or a meadow or other ways the Veteran wanted), the name of the Veteran can be placed on the Memorial Wall.
4. If no Military Honors were administered, honors can be arranged at no charge to the family.

The Ossuary and the Memorial Wall are available in National Cemeteries completed after 2007.

There is never a charge for any interment at a National Cemetery, or the memorial Wall.

DAV Chapter 123 may assist you in these matters.

Cemetery	Address	Contact	Burial Space
Barrancas National Cemetery	1 Cemetery Road Pensacola, FL 32508	Phone: (850) 453-4108 FAX: (850)453-4635	Open
Bay Pines National Cemetery	10000 Bay Pines Boulevard North St. Petersburg, FL 33708	Phone: (727) 319-6479 FAX: (727) 319-6490	Cremation Only
Florida National Cemetery	6502 S.W. 102nd Avenue Bushnell, FL 33513	Phone: (352) 793-7740 FAX: (352) 793-9560	Open
Jacksonville National Cemetery	4083 Lannie Road Jacksonville, FL 32218	Phone: (904) 766-5222 FAX: (904) 766-5980	Open
Sarasota National Cemetery	9810 State Road 72 Sarasota, FL 34241	Phone: (877) 861-9840 FAX: (941) 922-3457	Open
South Florida National Cemetery	6501 S. State Road 7 Lake Worth, FL 33449	Phone: (561) 649-6489 FAX: (561) 649-3948	Open
St. Augustine National Cemetery	104 Marine Street St. Augustine, FL 32084	Phone: (904) 766-5222 FAX: (904) 766-5980	Closed
Cape Canaveral National Cemetery	5525 U.S. Highway 1 Mims, Fl. 32754	Phone (321) 383-2638 Fax (866) 900-6417	Open

4.3.5 VA Cemeteries Call (800) 535-1117) or (800) 827-1000)

Burial benefits in a VA national cemetery for eligible Veterans and some dependents include the gravesite, a headstone or marker, opening and closing of the grave and perpetual care. Many national cemeteries have columbaria or gravesites for cremated remains. Contact the VA for further information or visit the VA Cemetery Administration website at <http://www.cem.va.gov/>.

4.3.6 Headstones and Markers.

VA provides headstones and markers for the unmarked graves of Veterans anywhere in the world and of eligible dependents of Veterans buried in military base, state veteran or national cemeteries. When burial occurs in a cemetery other than military base, state veteran or national cemetery, the headstone or marker must be applied for from the VA. It is shipped at government expense, but the cost of placing the headstone or marker is the responsibility of the survivor. To apply, complete **VA Form 40-1330 – Claim for Standard Government Headstone or Marker** (Appendix 5) and forward it to Director, Memorial Programs Service (403A), Department of Veterans Affairs, 810 Vermont Ave., NW, Washington, DC 20420 (800) 697-6947). For further details go to <http://www.cem.va.gov/>.

4.3.7 Presidential Memorial Certificates (202) 565-4964)

Presidential Memorial Certificates express the nation's recognition of a Veteran's service. Certificates bearing the signature of the President are issued honoring deceased veterans with honorable discharges. Eligible recipients include next-of-kin and other loved ones. The award of a certificate to one eligible recipient does not preclude certificates to other eligible recipients. To establish

honorable

service, a copy of the certificate of discharge or DD 214 must accompany the request. Contact the local VA office for assistance or the DVA to assist in obtaining copies of the certificates from the VA using VA Form 40-0247 – Presidential Memorial Certificate Request (Appendix 6). There is no limit on the number of copies that can be requested.

The funeral director will assist you in providing the burial space with a lasting tribute to your loved one. Call the funeral director for further information. The funeral director should also assist you in obtaining these items from the Veterans Administration.

4.3.8 Reimbursement of Burial Expenses

Service-related Death

VA may pay up to \$2,000 toward burial expenses for deaths on or after September 11, 2001, or up to \$1,500 for deaths prior to September 11, 2001. If the Veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.

Non-service-related Death

VA may pay up to \$700 toward burial and funeral expenses for deaths on or after October 1, 2011 (if hospitalized by VA at time of death), or \$300 toward burial and funeral expenses (if not hospitalized by VA at time of death), and a \$700 plot-interment allowance (if not buried in a national cemetery).

Complete **VA form 21-530 Application for Burial Benefits** (Appendix 7) and submit to the nearest Veterans Administration office or contact **(800) 827-1000**. Notify DAV Chapter 123 at **(321) 452-1774** if assistance is needed.

4.3.9 VA Dependency and Indemnity Compensation (DIC)

Dependency and Indemnity Compensation (DIC) is a monthly benefit that maybe paid to eligible survivors of:

- Military Service members who died while on active duty, active duty for training, or inactive duty training, OR
- Veterans whose death resulted from a service-connected injury or disease, OR
- Veterans whose death resulted from a non-service-connected injury or disease, and who were totally disabled from their service-connected disabilities for at least 10 years immediately preceding their death.
- Since the Veteran's release from active duty and for at least five years immediately preceding death, OR at least one year immediately preceding death if the Veteran was a former prisoner of war who died after September 30, 1999.

- For more detail, see www.va.gov > About VA DIC for spouses, dependents, and parents

(DIC) Who is eligible?

Surviving Spouse

- 1) You may be eligible for DIC benefits if you are a surviving spouse who:
- 2) Was married to a military Service member who died on active duty, active duty for training, or inactive duty training, OR
- 3) Married the Veteran before January 1, 1957, OR
- 4) Married the Veteran within 15 years of discharge from the period of military service in which the disease or injury that caused the Veteran's death began or was aggravated, OR
- 5) Was married to the Veteran for at least one year, OR
- 6) Had a child with the Veteran, AND cohabited with the Veteran continuously until the Veteran's death or, if separated, was not at fault for the separation, AND is not currently remarried.*

*You may be eligible to continue receiving DIC benefits if you remarried on or after December 16, 2003 and were at least 57 years of age.

Surviving Child

You may be eligible for DIC if you are the surviving child of a military Service member who died in the line of duty or a Veteran whose death resulted from a service-connected injury or disease. Additionally, you must be:

- Unmarried AND
- Under age 18, or between the ages of 18 and 23 and attending school.*

*Certain helpless adult children may be entitled to DIC. Please call the toll-free number (800) 827-1000 for the eligibility requirements.

Parents

You may be eligible for DIC if you are the surviving parent of a military Service member who died in the line of duty or a Veteran whose death resulted from a service-connected injury or disease. Find additional information regarding Parents' DIC.

4.3.10 Pensions, Aid & Attendance and Housebound

Veterans and survivors who are eligible for a VA pension and require the aid and attendance of another person or are housebound, may be eligible for additional monetary payment. These benefits are paid in addition to monthly pension, and they are not paid without eligibility for Pension.

Since Aid and Attendance and Housebound allowances increase the pension amount, people who are not eligible for a basic pension due to excessive income may be eligible for pension if there are unreimbursed medical expenses. A Veteran or surviving spouse may not receive Aid and Attendance benefits and housebound benefits at the same time. If Veteran is receiving 30% or more service-connected compensation and their spouse requires aid and attendance there are no age or income requirements.

4.3.11 Aid & Attendance (A&A)

The A&A increased monthly pension amount may be added to your monthly pension amount if you meet one of the following conditions:

- You require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment
- You are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment
- You are a patient in a nursing home due to mental or physical incapacity
- Your eyesight is limited to a corrected 5/200 visual acuity or less in both eyes: or concentric contraction of the visual field to 5 degrees or less.

4.3.12 Housebound

This increased monthly pension amount may be added to your monthly pension amount when you are substantially confined to your immediate premises because of permanent disability. In addition, Medicaid eligibility has been expanded subject to income guidelines (see medicaide.gov).

4.3.13 Death Pension

May be available to a surviving spouse of a deceased veteran if the veteran served at least 90 days during war time. The surviving spouse must have been married to the Veteran at time of death, and for at least one year prior to death. Benefit is subject to income requirements. The spouse may receive aid and attendance and housebound benefits, along with a death pension.

4.4 Florida State Benefits

Many states have established state Veteran's cemeteries. Eligibility is similar to Department of Veterans Affairs (VA) national cemeteries, but may include residency requirements. Even though they may have been established or improved with Government funds through VA's Veterans Cemetery Grants Program, state Veteran's cemeteries are run solely by the states. We cannot answer your questions or comments about any of these Veterans' cemeteries. Please contact the specific cemetery for information.

4.5 Social Security Benefit Programs

Your Funeral Director may send the Statement of Death with social security number to the local Social Security Office; however, it is recommended that you verify that this has occurred.

4.5.1 Social Security Benefits

To apply for survivors benefits it is best to contact the Social Security Office to schedule an appointment so that you can apply for benefits to which you are entitled. Call (800) 772-1213 or the local Social Security office at (866) 716-7667. On the date of your appointment, you may want to have someone available to assist you.

4.6 Civil Service Or Federal Employee Retirement System Program

If the Veteran was also Civil Service Retirement System (CSRS) or Federal Employee Retirement System (FERS) retiree, notify the Office of Personnel Management at (888) 767-6738 or (724) 794-2005 (Civil Service SBP Casualty and Federal Group Life Insurance inquiries). If the deceased also participated in the Thrift Savings Plan, contact the Federal Retirement Thrift Investment Board at (888) 767-6738. The exact type of benefits and the amount for each survivor will depend on each individual case.

SECTION 5

5. APPLICATION FOR CONTINUATION OF DoD SUPPORT PROGRAMS

Survivors should perform the following actions IAW DoD eligibility.

5.1.1 ID Cards

Survivors eligible for ID Cards must have new cards issued under their new status as soon as possible. ID Cards are issued every 4 years for dependents unless eligibility changes before the 4 years will be completed, e.g., child's 21st birthday or spouse's 65th birthday.

5.1.2 Defense Enrollment Eligibility Reporting System (DEERS) and TRICARE

Survivors must also enroll in DEERS. This is accomplished when the survivor obtains his/her new ID card. Enrollment in DEERS is also necessary to be eligible for TRICARE. For details or set up an appointment to obtain new ID cards and updates DEERS, go to (<http://www.tricare.mil/DEERS>). Federal law requires that all Medicare-eligible beneficiaries, no matter when they turned 65, must be enrolled in Medicare Part B to receive the rest of the TRICARE benefits.

- a) For further information about Medicare, contact the Social Security Administration at: (800) 772-1213 or Call Medicare at: (800) 633-4227 or visit the Medicare website at: <http://www.medicare.gov/>
- b) TRICARE is lost if the surviving spouse remarries.
- c) For further of nearest military medical treatment information visit: or call: (800)931-9501.

5.1.3 Where to obtain new ID cards and Enroll in DEERS

The following offices located primarily in the Orlando area handle all DEERS updates, issuance of Common Access Cards (CAC), dependent and retiree ID cards for all military branches. Customers are encouraged to make reservations on-line at

PATRICK AIRFORCE BASE (AFB)

(Appointment Only)

COCOA BEACH, FL BLDG #537

(321) 494-6144

M, W & F 0730-1630; T & TH 0830-1630

RANGE COUNTY ARMY RESERVE CENTER

(BALDWIN PARK AREA NEAR FASHION SQUARE MALL)

3701 CORRINE DRIVE, RM 145

ORLANDO, FL 32803

(407)643.2300 x 4022

WALK-Ins WELCOMED (MONDAY – FRIDAY 0730-1430)

<https://idco.dmdc.osd.mil/idco/locator> or call the office first.

LIEUTENANT DAVID R. WILSON ARMED FORCES RESERVE CENTER

(PAST THE NAVY EXCHANGE OFF EXPRESS ST)

9500 ARMED FORCES RESERVE DRIVE

Orlando FL 32827

**NAVY BRANCH
NAVY OPERATIONAL SUPPORT CENTER (NOSC)**

1ST FL, RM W111

ORLANDO, FL 32827

407.240.5939 x 1416

TUESDAY & THURSDAY 0730-1530;

WEDNESDAY 0900-1530 (Appointments ONLY)

AIR DEFENSE ARTILLERY (ADA) BRIGADE

(BEHIND THE NAVY EXCHANGE)

8385 DAETWYLER DRIVE

ORLANDO, FL 32827

(407) 650.4303

TUESDAY & THURSDAY 0900-1200; 1300-1600 (Appointments ONLY)

NAVAL SUPPORT ACTIVITY (NSA) ORLANDO DEERS 10 CARD OFFICE

(UCF AREA OFF SCIENCE DRIVE AND TECHNOLOGY PARKWAY)

12217 SCIENCE DRIVE

ORLANDO, FL 32826

(407) 380.4313 OR 4315

MONDAY – FRIDAY 0730-1600

(Appointments Recommended; Walk Ins Welcomed)

OUTSIDE THE ORLANDO AREA:

MACDILL AIRFORCE BASE (AFB)

(Appointment Only)

TAMPA, FL BLDG #373

(813) 828-6673

SECTION 6

6. WILLS, REVOCABLE LIVING TRUSTS, ADVANCED DIRECTIVES: LIVING WILLS, DURABLE POWERS OF ATTORNEY, PROPERTY AND TAX ISSUES

THIS BOOKLET IS NOT INTENDED TO PROVIDE LEGAL OR PROFESSIONAL ADVICE, IT IS STRICTLY A GUIDE DESIGNED TO ASSIST SURVIVORS IN SORTING OUT AND IDENTIFYING THE NUMEROUS AND OFTEN COMPLEX ISSUES THAT THEY FACE UPON DEATH OF A SERVICE MEMBER OR SPOUSE. IT IS RECOMMENDED THAT YOU SEEK PROFESSIONAL OR LEGAL ASSISTANCE AS APPROPRIATE.

6.1 Wills, Revocable Living Trusts, Durable Power of Attorney and Living Wills

6.2 Wills

A will is a document that names the people you want to receive your property when you die and the person who will be responsible for ensuring that your wishes are carried out.

Everyone should have a will. If you do not have a will, state law will determine your beneficiaries.

6.3 Revocable Living Trusts

A revocable living trust is a written agreement designating someone to be responsible for managing your property; it is called a living trust because it is established while you are alive. It's "revocable" because, as long as you are mentally competent, you can change or dissolve the trust at any time at your own discretion for any reason.

6.4 Durable Power of Attorney, Living Wills, Advance Directives

A Living Will protects you and your family in the event of a medical emergency by designating whether or not you wish to have life support systems keep you alive. It is highly recommended that you have both a Living Will and a Durable Power of Attorney for Health Care. Your attorney can provide you with both or you can use **VA Form 10-0137 VA – VA Advance Directive Durable Power of Attorney for Health Care and Living Will**. If you wish further information on this important subject, contact Aging with Dignity at (888) 594-7437 or <https://agingwithdignity.org/> for information about their wishes.

6.5 Probate

State of Florida Probate Laws and Florida State Supreme Court rules govern disposition of estates in Florida. The surviving spouse should contact their attorney or the Brevard County Clerk of Circuit Courts Probate Division for requirements.

Should an individual die possessing Real Property and Personal Assets without having a current valid Will, it is the responsibility of the heirs to engage an attorney. Your attorney will properly open the estate and file it with the Probate Division of the Circuit Court.

Probate is the process of concluding the affairs of a deceased, accumulating their assets, paying valid debts, and distributing the assets to the heirs as designated in the will. If no will exists, the legal heirs will be determined in accordance with State Law.

6.6 Personal Income Tax

Under Federal Law, any earned personal income must be reported to the Internal Revenue Service. All individuals who meet the criteria for annual reporting of personal income must file a return the year following a death. A surviving spouse may file a joint return in the year of the Veteran's death.

SECTION 7

7. Protecting the Deceased's Identity from ID Theft

Identity theft is not just a problem for the living anymore. You, your deceased spouse, or anyone can be a victim to this growing problem. You are not immune and the problems can continue long after the family member's death.

The thieves open credit card accounts, apply for loans, other services, and even steal the equity in your home. The "Bad Guys" get personal information from doctor's medical records, hospitals, funeral homes, restaurants, and even out of your mailbox. At income tax time each year, thieves steal the identities of nearly 2.5 million deceased Americans, apply for loans, get services, apply for credit cards and collect over \$5 billion in tax funds.

How do you protect yourself and deceased spouse's records? The checklist below will assist you in protecting yourself and your deceased spouse. Make sure that you keep copies of all correspondence and that you keep notes on all phone calls which you make.

Since many organizations now require an original or certified copy of the death certificate as proof, so obtain at least 10-12 originals and more plain copies when you request death certificates.

7.1 OBITUARIES

Be aware that identity thieves scan the newspaper obituary for potential victims. You can provide some measure of protection by:

- Using short obituaries. When you prepare an obituary **Do Not** include personal details that reveal too much identifying information. Identity thieves use this information to set up new accounts, licenses, etc. in the deceased person's name.
- Listing the age but not the birth date of the deceased (birth dates are important to the thieves.)
- Not including the deceased's middle name or initial.
- Not including the mother's maiden name if the deceased is a female. (Also important when establishing a credit account.) Do not include the deceased's exact address. (This may prevent a burglary during funeral services which, unfortunately, has happened.)

SOCIAL SECURITY DEATH NOTIFICATION

Report the death promptly to the Social Security Administration to insure the deceased's account is closed (800) 772-1213.

INTERNAL REVENUE SERVICE (IRS)

Send the IRS a copy of the death certificate, this is used to flag the account to reflect that the person is deceased

CREDIT BUREAU NOTIFICATION

Using certified mail with "return receipt," send copies of the death certificate to each credit reporting bureau — Equifax, Experian and TransUnion — asking them to place a "deceased alert" on the credit records.

Equifax
www.equifax.com
(888) 766-0008
Equifax, P.O. Box
740241, Atlanta,
GA
30374

Experian
www.Experian.com
(888) 397-3742
Experian, P.O. Box
9530, Allen, TX
75013

TransUnion
www.TransUnion.com
(800)680-7289
TransUnion, P.O. Box
6790, Fullerton, CA
92834

Approximately three weeks after submitting reports to the credit bureaus, check the deceased's credit report at www.annualcreditreport.com and see if the changes or suspicious activity has occurred.

Several months later, go to the same site to get another free report from a different credit-reporting bureau. Verify that the accounts have been closed.

Recommendation: *Do not wait for the Social Security Administration to notify the credit bureaus — it sometimes takes them too long! Until you notify the credit Reporting agencies and creditors, they do not know of a death. An active credit file will stay open for up to 10 years without activity. Thieves look for this and may try to use the Social Security number of a deceased person because of the extended length of time until discovery.*

7.2 BANKS, INSURERS, BROKERAGE HOUSES AND MORTGAGE AND CREDIT

- A. CARD COMPANIES Mail death certificates to banks, insurers, brokerages and credit card and mortgage companies where the deceased held accounts. If you're closing an individual account, make sure the institution lists "**Closed: Account Holder Is Deceased**" as the reason. For joint accounts, remove the deceased's name. *(Until these institutions receive notification that the individual is deceased, the account remains active.)*
- B. MEMBERSHIP PROGRAMS Notify all membership programs (Costco, Sam's, BJ's, etc.) and any creditors or collection agencies with which the deceased had an account or membership.
- C. CREDITORS OR COLLECTION AGENCIES Notify creditors or collection agencies with which the deceased had an account or membership.
- D. DEPARTMENT OF MOTOR VEHICLES Contact the Department of Motor Vehicles to cancel the deceased's driver's license, to prevent duplicates from being issued to fraudsters.
- E. CAUTION
 - 1) Be careful how you safeguard the deceased's property and what you post on social media sites.
 - a. Stolen wallets, stolen mail, a data breach, computer virus, "phishing" scams, or paper documents thrown out by you or a business (dumpster diving).
 - b. File your loved one's final tax return. Yes, death and taxes are the two guarantees in life, and in this case, they overlap.
 - c. Unfortunately, the identity thief may also be a family member who may take advantage of the situation or who has already been using that identity. This may be especially true if the deceased suffered from lengthy illness, mental confusion, or if there is disagreement among family members prior to the death.

- d. Share wisely with family members. Unfortunately, a member of the deceased's family commits many cases of deceased identity theft. It might be a relative who is in financial trouble, a friend who has a costly addiction or a child that thought they were wronged in the will or estate planning. For that reason, the identifying information of a deceased family member should be kept to a small circle if possible. It seems to work best when one family member is the point-person for collection of documents, closing of accounts, checking of credit, etc. Generally, this is someone other than the person who organizes all of the other events that surround the death of a loved one.

7.3 Protect the Death Certificates

Guard the death certificate like you would a birth certificate or other piece of identity. When you are done with the death certificate, store the original and all copies in a safe location where you keep other identity documents.

7.4 Protect Your Information

The IRS does not initiate contact with taxpayers by email to request personal or financial information. This includes any type of electronic communication, such as text messages and social media channels. For additional information, see the **IRS Taxpayer Guide to Identity Theft** @ <http://www.irs.gov/uac/Taxpayer-Guide-to-Identity-Theft>.

SECTION 8

8. SURVIVOR CHECKLIST

Below is a partial list of action to be undertaken upon the death of Veteran or retiree.

1. Contact Funeral Director to set-up funeral arrangements and Military Honors (PAFB Mortuary Affairs)
<https://www.gopatrickfl.com/pdfs/FuneralAprOf19.pdf>
2. Notify Defense Finance and Accounting Service (DFAS) (<https://cust-support.dfas.mil/raplti/nod/>) (888) 332-7411
3. Notify Veteran's Administration (800) 827-1000
4. Notify Social Security Administration (800) 772-1213
5. Notify Defense Enrollment Eligibility Reporting System (DEERS) (800) 538-9552
6. Notify VA Life Insurance, if applicable (800) 669-8477
7. Notify SGLI and VGLI Insurance, if applicable (800) 419-1473
8. Notify Civil Service Retirement System, if applicable (888) 767-6738
9. Obtain at least 10 certified copies of long form death certificate and 10 copies of short form death certificate from Funeral Directors
10. Notify life insurance companies, and file appropriate claims
11. Notify medical, health, disability, travel and accident insurance companies, and file appropriate claims
12. Notify home-owners insurance company
13. Notify vehicle insurance company
14. Go to the Country Property Appraiser's Office and transfer all real estate properties to surviving spouse.
15. Apply for widowed person's Homestead Exemption
16. Apply for appropriate (VA, Civil Service and other) benefits, if applicable
17. Apply for Veteran's Burial Benefits and Survivor Benefits, if applicable
18. Check for non-government pension benefits, if applicable
19. Apply for Workmen's Compensation benefits if applicable.
20. Notify your accountant or tax preparer (unless estate lawyer is preparing the final tax returns), provide certified death certificate, previously filed tax return forms, and current earnings and dividend statements.
21. Notify your investment broker or company.
22. Change ownership of joint or solely owned stocks, mutual funds, etc.
23. Cancel any unfulfilled orders arranged by the deceased
24. Notify IRAs and other retirement and investment account administrators
25. Transfer the ownership of bonds
26. Notify your bank(s) and credit union(s)
27. Change all jointly held accounts and correct tax identification numbers (usually Social Security Numbers - Leave joint accounts intact for 6 months)
28. Cancel direct deposit retirement benefit payments (for SBP, Civil Service and others, if applicable)
29. Re-establish the title of your safe deposit box
30. Re-establish all outstanding mortgages, personal notes, etc.
31. Apply for any credit life insurance that may exist on loans, credit cards, and mortgages
32. Change Certificates of Deposit
33. Go to Department Of Motor Vehicles (DMV) to transfer titles of all registered vehicles, mobile homes and boats.
34. Notify all credit card companies and cancel all individually held cards of the deceased
35. Review trusts for required actions, if required.
36. If a will must be probated, contact your attorney. Your name may also need to be revised.
37. Cancel the deceased's Voter Registration and Driver's License.
38. Obtain new military identification cards. Make appointment at <https://rapids-appointments.dmdc.osd.mil/default.aspx>, or contact Patrick AFB ID Card Section at (321) 494-6144/6147.

SECTION 9

9. Important Phone Numbers

Patrick Air Force Base Mortuary Affairs Office	(321) 494-7477
Veteran's Affairs including Death Notification	(800) 827-1000
DFAS Retired Pay Operations / Death Notification	(800) 321-1080
DFAS Retired Pay Operations / Death Notification FAX.....	(800) 469-6559
DFAS Retired Annuities / Death Notification.....	(800) 321-1080
DFAS Retired Annuities / Death Notification Fax.....	(800) 982-8459
Social Security Administration	(800) 772-1213
Social Security Administration - Melbourne Office.....	(321) 255-5510
DEERS Enrollment – TRICARE for Life Enrollment.....	(321) 494-2276
DEERS Death Notification	(800) 538-9552
Staff Judge Advocate (Legal Office) Patrick AFB.....	(321) 494-7357
Civil Service Retirement System.....	(888) 767-6738
Office of Personnel Management (Federal Retirees)	(888) 767-6738
CHAMPVA for Life	(888) 289-2411
VA Regional Office (Toll Free)	(800) 827-1000
ID Card Office (Patrick AFB)	(321) 494-6144/47
VA: Headstones and Markers Application	(800) 697-6947
American Red Cross, Space-Coast Chapter.....	(321) 890-1002
Army and Air Force Mutual Aid Association.....	(800) 336-4538
Army Emergency Relief (USAG-Miami).....	(305) 437-2665
Navy-USMC Relief Society (Jacksonville)	(904) 452-2216
Air Force Aid Society (Patrick AFB)	(321) 494-5676
Veteran's Life Insurance (NSLI, etc.).....	(800) 669-8477
National Serviceman's Life Insurance (NSLI)....	(800) 669-8477
Officer's Benefit Association	(800) 633-4632
DFAS Retired Annuities / Death Notification	(800) 419-1473
DFAS Retired Annuities / Death Notification Fax	(877) 832-4943
Service Member's Life Insurance (SGLI) and Veteran's Group Life Insurance	(800) 626-3317
Uniformed Services Benefit Association	(800) 368-7021
Brevard VA Outpatient Clinic.....	(321) 637-3788
Or if long distance (Toll Free)	(877) 878-3878
Brevard VA Clinic Volunteer Services	(321) 637-3517
Staff Judge Advocate @ Patrick AFB	(321) 494-7357
National Personnel Records Center	(314) 801-0800

SECTION 10

10. FAMILY PLANNING WORKSHEETS

The goal of our Family Planning Worksheet package is to assist you and your family members by providing a means by which you and your family can be better prepared for all the actions, which have to be performed after your death and/or that of your spouse. This package will be highly beneficial to your survivors after your death and/or your spouse's death. After completed, secured this worksheet package in a safe location like fireproof safe or a safe deposit box. We cannot emphasize the dangers caused by identity thieves.

10.1 Veteran and Spouse's Personal Information

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Legal Name <i>(First, Middle, Last) include maiden name</i>		
If Currently Married Spouse's First, Middle, Maiden and Last Names		
If Married, Date of Marriage (attach a copy of marriage certificate).		
Location of Marriage		
<u>Birthday</u> (Attach copy of birth certificate).		
<u>Place of Birth</u> City, State, Country		
<u>U.S. Citizen</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<u>If Naturalized Citizen</u> (Designation and location of court granting naturalization)		
Social Security Number (SSN)		
Service Number if applicable		
Branch of Service		
Grade/Rank at time of retirement		

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Date and Type of Military Retirement (Attach a copy of DD214 form)		
<u>Current Address</u> Street, City, State, ZIP Code.		
Email Address		
Home Phone		
Cell Phone		

10.2 Emergency Contacts

<u>Item</u>	<u>Veteran</u>	<u>Spouse</u>
Name, Relationship, and Contact Information		
Name, Relationship and Contact Information		
Name, Relationship and Contact Information		

10.3 MEDICAL DOCTORS AND TREATMENT FACILITIES

<u>Item</u>	<u>Veteran</u>	<u>Spouse</u>
<u>Primary Care Doctors</u> Name and Contact Information		
<u>Medical Special (Type)</u> Contact Information		
<u>Medical Special (Type)</u> Contact Information		
<u>Medical Special (Type)</u> Contact Information		
<u>VA Clinic, Viera, FL</u>		
<u>VA Hospital, St. Petersburg, FL</u>		
<u>Local Hospital</u>		

10.4 Parents'/Spouses, Siblings Names, Birthdays and Birth Locations

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Father's Name First, Middle, Last.		
Father's Birthday, and Place of Birth.		
Father's Date and location of Death.		

Mother's Name; First, Middle, Last.		
Mother's Birthday and Place of Birth.		
Mother's Date and location of Death.		

10.5 Previous Spouses

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
1. Name of Spouse; First, Middle and Last.		
<u>If terminated, identify reason, place and date</u> If by divorce, identify if terms of divorce, annulment or separation that are applicable to current estate.		
<u>Location of Applicable document</u> Divorce or Annulment decrees, death certificates or certified copies for either spouse.		

10.6 Children

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
	CHILD 1	CHILD 2
First, Middle and Last Name		
Social Security Number (SSN)		
<u>Dependent Current?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<u>Married?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<u>Date and Location of Birth</u> – Birth certificate location		

<u>Adopted?</u> If applicable; location of documents.		
<u>Naturalized?</u> If applicable, attach copy or identify document location		
<u>Address:</u>		
<u>Phone Number:</u>		
<u>Email Address:</u>		
	CHILD 3	CHILD 4
First, Middle and Last Name		
Social Security Number (SSN)		
<u>Dependent Current?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<u>Married?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<u>Date and Location of Birth</u> – birth certificate location		
<u>Adopted?</u> If applicable, location of documents.		
<u>Naturalized?</u> If applicable, attach copy or identify document location		
<u>Address</u>		
<u>Phone Number</u>		
<u>Email Address</u>		

10.7 Family Financial Information

Military Retired Pay Amount		
Deductions from Military Retired Pay (Insurance, bonds, etc. List dollar amount.) Itemize below.		
Deductions from Military Retired Pay.		

Deductions from Military Retired Pay.		
Social Security Benefits		
VA Disability		
IRA		
Civil Service Retirement Pay		
Civilian Job		
Other Retirement Pay		
Investments		
Trusts		
Other		
Total		

10.8 **Potential Income**

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Social Security (Largest of his or hers).		
Survivor Benefit Plan @ 55%, if applicable.		
VA Dependency & Indemnity Compensation, if applicable.		
IRAs and other investments (Veteran and spouse).		
Civilian Job income: if applicable.		
Civilian Job Retirement Income.		

Civilian Job; Survivor Benefit Program Income.		
Civil Service Retirement Pay.		
Trusts		
Other		
Total		

10.9 Sources of Retirement Pay

10.9.1 Military Retirement

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Receiving Military Retirement Pay.	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
Participating in Survivor Benefit Plan (SBP) or Retired Serviceman's Family Protection Program (RSFTP).	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If yes to SBP or RSFTP participation, amount of monthly retirement pay prior to veteran's death. (\$/month)	\$_____month	\$_____month
Anticipated amount of SBP or RSFTP pay after death of the Veteran. (\$/Month)	\$_____month	\$_____month
If not participating in SBP or RSFTP, current military retirement pay. (\$/Month)	\$_____month	\$_____month
Retirement pay now being sent to: home address or bank/credit union address.		

<p>I have waived all or part of my military pay in favor of Department of Veterans Affairs (VA) Disability Compensation or combined Civil Service Payment.</p> <ol style="list-style-type: none"> 1. VA Office, address, 2. Claim Number 3. Telephone Number 	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
---	--	--

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
<p>Name of person designated to as beneficiary of any unpaid at the time of my death; Name, relationship, address, telephone number and percentage.</p>		

10.9.2 Civil Service Retirement Pay

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
<p>Is the Veteran or spouse eligible to receive or receiving Civil Service retirement pay.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<p>If yes, how much per month.</p>	\$_____month	\$_____month
<p>(\$/month).</p>		
<p>Is the Veteran or spouse participating in the Civil Service Survivor Benefit Plan?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<p>If yes, anticipated amount of annuity pay after the death of the employee (\$/Month).</p>		
<p>If yes, identify what benefits are being received.</p>		
<p>Civil Service Contact information for this retirement plan.</p>		

10.10 Social Security Administration Payments

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Is the Veteran or spouse eligible to receive Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
Is the Veteran or spouse receiving Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If yes, how much is being received each month (\$/month)?	\$_____month	\$_____month
Should the survivor switch to spouse's higher amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)

10.11 Retirement Pay and other Benefits

Non-Government Organizations or companies; i.e. Private Companies, Non-profits, etc.

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Has the Veteran or spouse work for and become eligible to receive retirement pay or survivor benefits from this type organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
Is the Veteran or spouse eligible to receive retirement pay and/or benefits from this type organizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If yes, name of the organization and if yes, plan or company name.	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
Name of the organization, contact information for the organization or the benefit's coordinator.		

Type of benefits being received (retirement pay and the amount), survivor benefits, health insurance, etc.		
Dates and location of employment		
Current retirement pay <u>(\$/month)</u>	\$ _____ month	\$ _____ month
Is there a Survivor Benefit package for the surviving spouse? If yes, how much per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If yes, how much does the receiving spouse receive per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one) \$ _____ month	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one) \$ _____ month

10.12 Veterans Administration (VA) Disability Compensation

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Veteran's Disability Rating Percentage (%). Location of rating letters.		
What is the veteran's current monthly benefit? (\$/Month)	\$_____month	\$_____month
Are any VA Disability Claims in process?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If yes, how many claims are in process and what are the claim for and when were they submitted.		
Is the Veterans receiving Aid & Attendance benefits and/or Housebound Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)

10.13 Other Sources of Income:

10.13.1 Investments - IRA and Keogh Accounts

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
IRA or 401K Financial Institution and Contact Information; Name, Phone Number and email address		
Type Account	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Spousal <input type="checkbox"/> Other	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Spousal <input type="checkbox"/> Other

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Owner's Name and/or membership numbers.		
Exact Name on the account.		
Current Value (at day of death).		
Exact Name of Beneficiaries.		
Exact Name of Contingent Beneficiaries.		

10.14 Securities/Brokerage Accounts including 401(k), 402(b) programs

10.14.1 Annuities and other stocks or bonds

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
1. <u>Financial Institution</u>		
Name and Contact Information for the Stockbroker or Mutual Fund; Name, Phone Number and email address.		
Exact Name(s) on the Account.		
Account Number:		
Type Account:		
2. <u>Financial Institution</u>		
Name and Contact Information of the Stockbroker or Mutual Fund.		

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Exact Name(s) on the Account.		
Account Number.		
Type Account.		
<u>3. United States Savings Bonds</u>		
If desired, serial numbers denominations and values.		
Locations of bonds.		

10.14.2 Bank and Credit Union Accounts

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
1. Financial Institution. Name, address, & contact information.		
Account Number.		
Type Account (Individual or joint).		
Name(s) on the account.		
2. Financial Institution Name, address, & contact information.		
Account Number.		
Type Account: (Individual or joint).		
Name(s) on the account.		

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
3. Financial Institution Name, address, & contact information.		
Account Number.		
Type Account (Individual or joint).		
Name(s) on the account.		
Location of bank statements & canceled checks for all accounts.		

10.14.3 Credit Cards and Charge Accounts

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
1. Credit Card Name (Visa, MasterCard, etc.).		
Account Number.		
Contact Information.		
% Interest.		
Balance as of (date)		
2. Credit Card Name (Visa, MasterCard, etc.).		
Account Number.		
Contact Information.		
% Interest.		
Balance as of (date).		
3. Credit Card Name (Store Name or other etc.).		
Account Number.		
Contact Information.		

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
% Interest.		
Balance as of (date).		

10.15 Legal Documents

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Do I have an executed will?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
Location(s) of the executed will.		
Executor's Name and contact information.		
Lawyer's name and contact information.		

10.15.1 Durable Power of Attorney (DPOA) financial, medical, and living will

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Do you have a Durable Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
Date of Power of Attorney.		
Naming Agent or Attorney in fact Contact Information.		

10.15.2 Trusts

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Do you have Revocable Living Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
<p>If yes, where is document located?</p> <p>Who is the trust officer?</p> <p>Contact information for trust officer.</p>		
Do you have other trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<p>If yes, what type?</p> <p>Where is document located?</p> <p>Who is the trust officer?</p> <p>Contact information for trust officer.</p>		

10.15.3 Assets

Do you own your home or condominium?	<input type="checkbox"/> Yes <input type="checkbox"/> No Check One
If yes, address of home or condominium?	
<p>Is the property encumbered with a mortgage?</p> <p>If yes, name and contact information for the mortgage.</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No Check One</p> <p>_____</p>
<p>Is there mortgage insurance?</p> <p>If yes, name and contact information for this policy.</p> <p>Policy Number:</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No Check One</p> <p>_____</p> <p>_____</p>

If yes, what are the mortgage balance and the monthly payments?	Mortgage balance: _____ Monthly payments: _____
Home or condominium is insured by (Name and contact Information for the insurance company). Policy Number:	
Location of mortgage and property insurance documents.	
Annual Property Tax Amount.	
In whose name (s) is the registered with the city or county?	
Title and Insurance papers' location?	

10.15.4 Creditors

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Line of Credit.		
Whose debt?	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Countersign	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Countersign
If joint, what type?		
Lender: Contact Information.		
Other Loan details; Amount, starting date, monthly payments, end date.		
Personal Loan.		

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
<u>Whose debt?</u>	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Countersign	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Countersign
<u>If joint, what type?</u>		
<u>Lender: Contact Information.</u>		
<u>Other Loan details:</u> Amount, starting date, monthly payments, end date.		

10.16 Life Insurance

Item	Veteran	Spouse, if applicable
A. Service members Group Life Insurance (SGLI) Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If Yes to SGLI, value of the policy		
Policy Number		
Policy Beneficiary		
Contact Phone Number		
B. Veteran's Group Life Insurance (VGLI) Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If Yes to VGLI, value of the policy		
Policy Number		
Policy Beneficiary		
Contact Phone Number		
C. VA Life Insurance (Such as NSLI)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If Yes to NSLI, value of the policy		
Policy Number		

Item	Veteran	Spouse, if applicable
Policy Beneficiary		
Contact Phone Number		
1. <u>Life Insurance Company</u> and contact information		
Name of the Insured		
Name of the owner		
Death Benefits		
Type Policy (Term or Whole life		
Policy Number		
Cash Surrender Value		
Beneficiaries		
2. <u>Life Insurance Company</u> and contact information		
Name of the Insured		
Name of the owner		
Death Benefits		
Type Policy (Term or Whole life		
Policy Number		
Cash Surrender Value		
Beneficiaries		

Other Insurance

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Group Life Insurance Policies with Veterans, Fraternal or Civic Organizations	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If Yes, Contact Information and Policy Details		
If Yes, Location of policies		
Credit Card Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If Yes, Contact Information and Policy Details		
If Yes, Location of policies		
Credit Life Insurance on mortgages and other loans, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
IF Yes, Contact Information and Policy Details		
If Yes, Location of policies		
Car Insurance Personal Injury Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
IF Yes, Contact Information and Policy Details		

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
If Yes, Location of policies		
Accidental Death Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
IF Yes, Contact Information and Policy Details		
If Yes, Location of policies		

10.17 Medical Insurance

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Medical Insurance	Check one: <input type="checkbox"/> Tricare Prime <input type="checkbox"/> Tricare Standard <input type="checkbox"/> Tricare for Life	Check one: <input type="checkbox"/> Tricare Prime <input type="checkbox"/> Tricare Standard <input type="checkbox"/> Tricare for Life
Premiums		

10.18 Commercial Health/Medical Insurance

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
IF Yes, Contact Information and Policy Details		
If Yes, Location of policies		
Dental Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
IF Yes, Contact Information and Policy Details		
If Yes, Location of policies		
Vision Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
IF Yes, Contact Information and Policy Details		
If Yes, Location of policies		
Prescription Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
IF Yes, Contact Information and Policy Details		
If Yes, Location of policies		
Long Term Health Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
IF Yes, Contact Information and Policy Details		
If Yes, Location of policies		

10.19 Burial Insurance

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Do you have Burial Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
IF Yes, Contact Information and Policy Details		
If Yes, Location of policies		

10.20 ADVISORS

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
<u>My Lawyer (name)</u>		
_____	_____	_____
Phone Number:		
_____	_____	_____
Email Address		
_____	_____	_____
Address		

<u>My Trusted Friend's Name</u> (relationship)		
_____	_____	_____
Phone Number:		
_____	_____	_____
Email Address		
_____	_____	_____
Address		

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
<p><u>Executor of My Will (Name)</u></p> <p>_____</p> <p>Phone Number: _____</p> <p>_____</p> <p>Email Address _____</p> <p>_____</p> <p>Address _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><u>My Accountant (Name)</u></p> <p>_____</p> <p>Phone Number: _____</p> <p>_____</p> <p>Email Address _____</p> <p>_____</p> <p>Address _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><u>My Banker (Name)</u></p> <p>_____</p> <p>Phone Number: _____</p> <p>_____</p> <p>Email Address _____</p> <p>_____</p> <p>Address _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><u>My Accountant (Name)</u></p> <p>_____</p> <p>Phone Number: _____</p> <p>_____</p> <p>Email Address _____</p> <p>_____</p> <p>Address _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
<p><u>Homeowner's Insurance Agent (Name)</u></p> <p>_____</p> <p>Phone Number:</p> <p>_____</p> <p>Email Address</p> <p>_____</p> <p>Address</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Vehicle Insurance Agent for cars, boats, etc. (Name)</u></p> <p>_____</p> <p>Phone Number:</p> <p>_____</p> <p>Email Address</p> <p>_____</p> <p>Address</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><u>My Stockbroker (Name)</u></p> <p>_____</p> <p>Phone Number:</p> <p>_____</p> <p>Email Address</p> <p>_____</p> <p>Address</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><u>My Trust Officer (Name)</u></p> <p>_____</p> <p>Phone Number:</p> <p>_____</p> <p>Email Address</p> <p>_____</p> <p>Address</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>

<u>Item</u>	<u>Veteran</u>	<u>Spouse, if applicable</u>
Other (Name) _____	_____	_____
Phone Number: _____	_____	_____
Email Address _____	_____	_____
Address _____	_____	_____

10.21 LOCATION OF IMPORTANT DOCUMENTS AND RECORDS:

Item	Veteran	Spouse, if applicable
Retirement Separation Orders		
DD 214		
Awards and Decorations		
Personal Medical and Dental Records including for children		
Record of Number of Years, Months and Days Served		
Marriage License(s)		
Divorce decree and other related documents		
Birth Certificates (veteran, spouse and children)		

Item	Veteran	Spouse, if applicable
Death Certificates (Veteran, Spouse, children, etc.		
Adoption papers		
Naturalization papers		
Copies of Federal and State Tax refunds and related documents		
Property Tax Records and Titles		
Wills		
Trusts		
Living Will		
Federal and State Tax documents (current and previous years)		
Life Insurance documents		
Health/Medical Insurance documents		
Property, vehicle insurance papers and ownership documents		
Bank Account documents		
Charge Account and Credit card documents		
Safety Deposit Box list of contents		
Safety Deposit box location and holders of keys		

Item	Veteran	Spouse, if applicable
Location of savings bonds		
Location of VA Claims papers and claim numbers		
Listing and contact of Private Organizations and Associations to which the deceased belongs		
Names of friends and business associates whom may be helpful		
Documents supporting surviving spouse DIC eligibility		

10.22 Funeral and Burial Plans

The purpose of this section is to provide ideas for you to consider in preparing your own funeral and burial plans. We hope that you will develop your own plan so that when the day come your survivors will only have to follow it and have to develop it on the run. This section is not all inclusive of factors to be considered; hopefully it will assist you in developing your own special plan.

Item	Veteran	Spouse, if applicable
Name of Funeral director Address Telephone Number Email Address		
Church and Clergy Name of Clergyman Name of Church Address Telephone Number Email Address		
Do you want a Wake held?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)

Item	Veteran	Spouse, if applicable
If Yes, Location		
If Yes, Open casket or closed		
Special Requirements		
Burial Arrangement		
A, Cremation	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
B. Burial	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
C, Donation of Body	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
If Yes to Donation of Body: (name of organization) Contact information		
A. Private Cemetery or Columbarium: Name of location, name and contact information for the point of contact		
B. VA National Cemetery in ground or Columbarium – Florida or other location		
Preferred Location of Burial		
C. Arlington National Cemetery - in ground or Columbarium		
D. Navy Burial at Sea (Cremated remains only)		

Item	Veteran	Spouse, if applicable
E. Donation of body to (name of organization) Contact information		
F. Other location		
Funeral or Memorial Service Plans and Special Requests Some considerations: - Location and time - Hymns, scripture, - Other special requests - Military honors - Pallbearers - Burial in uniform? - Cremation		
Celebration of Life Plan - Location - Time		
Other Celebration of Life Considerations		
A.		
B.		
C.		
Burial Site Ceremony Plan		
Burial Site Plan Considerations		
A.		
B.		
C.		
Special Requests: Donations if lieu of flowers		

Item	Veteran	Spouse, if applicable
Obituary Notice – have a draft one prepared ahead to time with or without photo – Beware of identity thieves.		
Other Consideration or plans		
Other Consideration or plans		

10.23 List of Family and business associates to be notified upon death of the Veteran or Spouse

Item	Veteran	Spouse, if applicable
Name and contact information (<u>family member</u>)		
Name and contact information (<u>family member</u>)		
Name and contact information (<u>family member</u>)		
Name and contact information (<u>family member</u>)		

Item	Veteran	Spouse, if applicable
Name and contact information (family member)		
Name and contact information (family member)		
Name and contact information (family member)		
Name and contact information (family member)		
Name and contact information (family member)		
Name and contact information (family member)		

Appendixes

1. Appendix 1: DFAS FASTFORM 9221 Notification of Death Current copy at <https://va.org/reporting-a-veterans-death/>

Part E - FAMILY AND BENEFICIARY INFORMATION (*Required Field)

Children of the Deceased Retiree	1a. Total Number of Children <input style="width: 50px;" type="text"/>	1b. Number of Living Children <input style="width: 50px;" type="text"/>
Siblings of the Deceased Retiree	2a. Total Number of Siblings <input style="width: 50px;" type="text"/>	2b. Number of Living Siblings <input style="width: 50px;" type="text"/>

1. Name <input style="width: 100px;" type="text"/> Last <input style="width: 100px;" type="text"/> First <input style="width: 50px;" type="text"/> MI	2. Relationship to Deceased <input style="width: 100px;" type="text"/>	3. Email Address <input style="width: 100px;" type="text"/>
4. Address <input style="width: 100px;" type="text"/> Street	4.a Supplemental Address <input style="width: 100px;" type="text"/>	5. City <input style="width: 100px;" type="text"/> City
6. State <input style="width: 100px;" type="text"/> State	7. Zip Code <input style="width: 100px;" type="text"/> Zip	8. Phone Number <input style="width: 100px;" type="text"/> Phone number with no spaces

1. Name <input style="width: 100px;" type="text"/> Last <input style="width: 100px;" type="text"/> First <input style="width: 50px;" type="text"/> MI	2. Relationship to Deceased <input style="width: 100px;" type="text"/>	3. Email Address <input style="width: 100px;" type="text"/>
4. Address <input style="width: 100px;" type="text"/> Street	4.a Supplemental Address <input style="width: 100px;" type="text"/>	5. City <input style="width: 100px;" type="text"/> City
6. State <input style="width: 100px;" type="text"/> State	7. Zip Code <input style="width: 100px;" type="text"/> Zip	8. Phone Number <input style="width: 100px;" type="text"/> Phone number with no spaces

1. Name <input style="width: 100px;" type="text"/> Last <input style="width: 100px;" type="text"/> First <input style="width: 50px;" type="text"/> MI	2. Relationship to Deceased <input style="width: 100px;" type="text"/>	3. Email Address <input style="width: 100px;" type="text"/>
4. Address <input style="width: 100px;" type="text"/> Street	4.a Supplemental Address <input style="width: 100px;" type="text"/>	5. City <input style="width: 100px;" type="text"/> City
6. State <input style="width: 100px;" type="text"/> State	7. Zip Code <input style="width: 100px;" type="text"/> Zip	8. Phone Number <input style="width: 100px;" type="text"/> Phone number with no spaces

1. Name <input style="width: 100px;" type="text"/> Last <input style="width: 100px;" type="text"/> First <input style="width: 50px;" type="text"/> MI	2. Relationship to Deceased <input style="width: 100px;" type="text"/>	3. Email Address <input style="width: 100px;" type="text"/>
4. Address <input style="width: 100px;" type="text"/> Street	4.a Supplemental Address <input style="width: 100px;" type="text"/>	5. City <input style="width: 100px;" type="text"/> City
6. State <input style="width: 100px;" type="text"/> State	7. Zip Code <input style="width: 100px;" type="text"/> Zip	8. Phone Number <input style="width: 100px;" type="text"/> Phone number with no spaces

1. Name <input style="width: 100px;" type="text"/> Last <input style="width: 100px;" type="text"/> First <input style="width: 50px;" type="text"/> MI	2. Relationship to Deceased <input style="width: 100px;" type="text"/>	3. Email Address <input style="width: 100px;" type="text"/>
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6. State <input style="width: 100px;" type="text"/> State	7. Zip Code <input style="width: 100px;" type="text"/> Zip	8. Phone Number <input style="width: 100px;" type="text"/> Phone number with no spaces

DFAS FASTFORM 9221, January 2013 (FFv11.0)

2. Appendix 2: VA Form 40-1330 Claim for Standard Government Headstone or Marker

Current Form Dec 2017 can be found at <https://www.va.gov/vaforms/va/pdf/va40-1330.pdf>

GENERAL INFORMATION SHEET

CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send claims for benefits to this address.

BENEFIT PROVIDED

a. HEADSTONE OR MARKER

Only for Veterans who died on or after November 1, 1990 - Furnished for the grave of any eligible deceased Veteran. Will be provided for placement in private cemeteries regardless of whether or not the grave is already marked with a privately-purchased headstone or marker.

Only for Veterans who died before November 1, 1990 - Furnished for the UNMARKED GRAVE of any eligible deceased Veteran. The applicant must certify the grave is unmarked. For Veterans that served prior to World War I, a grave is considered marked when a headstone/marker displays the decedent's name only, or if the name was historically documented in a related document, such as by a number that is inscribed on a grave block and is recorded in a burial ledger. For service during and after World War I, a grave is considered marked if a headstone/marker displays the decedent's name and date of birth and/or death, even though the Veteran's military data is not shown.

b. MEMORIAL HEADSTONE OR MARKER - Furnished for placement in a cemetery only to commemorate a deceased eligible Veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered. May not be used as a memento. Check box in block 28 and explain in block 27.

c. MEDALLION - Eligible Veterans may receive a Government-furnished headstone or marker, or a medallion, but not both. *If requesting a medallion, please use VA Form 40-1330M.*

WHO IS ELIGIBLE - Any deceased Veteran discharged under honorable conditions and any member of the Armed Forces of the United States who dies on active duty. A deceased Veteran discharged under conditions other than honorable may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. Do not send original documents; they will not be returned. Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty. Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

WHO CAN APPLY - Federal regulation defines "applicant" as the decedent's Next-of-Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

HOW TO SUBMIT A CLAIM

FAX claims and supporting documents to 1-800-455-7143.

IMPORTANT: If faxing more than one claim - fax each claim package (claim plus supporting documents) individually, i.e., disconnect the call and redial for each submission.

MAIL claims to: Memorial Programs Service (41B)
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

A Government headstone or marker may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.

SIGNATURES REQUIRED - The applicant signs in block 17; the person agreeing to accept delivery (consignee) in block 22, and the cemetery or other responsible official in block 24. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 21 is required. Entries of "None," "Not Applicable," or "NA" cannot be accepted. State Veterans' Cemeteries are not required to complete blocks 17, 18, 22 and 23.

ASSISTANCE NEEDED - If assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim. Use block 27 for any clarification or other information you wish to provide. Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at mps.headstones@va.gov.

TRANSPORTATION AND DELIVERY OF MARKER - The headstone or marker is shipped without charge to the consignee designated in block 19 of the claim. The delivery will not be made to a Post Office box. The consignee should be a business with full delivery address and telephone number. If the consignee is not a business explain fully in block 27. For delivery to a Rural Route address, you must include a daytime telephone number including area code in block 20. If you fail to include the required address and telephone number information, we cannot deliver the marker. The Government is not responsible for costs to install the headstone or marker in private cemeteries.

CAUTION - To avoid delays in the production and delivery of the headstone or marker, please check carefully to be sure you have accurately furnished all required information before faxing or mailing the claim. If inaccurate information is furnished, it may result in an incorrectly inscribed headstone or marker. Headstones and markers furnished remain the property of the United States Government and may not be used for any purpose other than to be placed at an eligible individual's grave or in a memorial section within a cemetery.

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.

ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

**UPRIGHT HEADSTONE
WHITE MARBLE OR
LIGHT GRAY GRANITE**



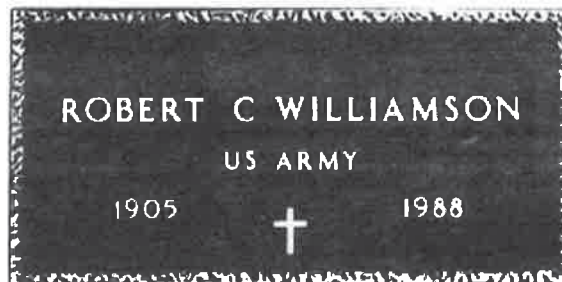
This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

BRONZE NICHE



This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. Used for columbarium or mausoleum interment. Also provided to supplement a privately-purchased headstone or marker for eligible Veterans who died on or after November 1, 1990 and are buried in a private cemetery.

**FLAT MARKERS
BRONZE**



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

LIGHT GRAY GRANITE OR WHITE MARBLE



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

NOTE: Civil War Era headstones - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War, and another for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 27 of the claim. It is necessary to submit detailed documentation that supports eligibility. Inscriptions on these headstone types are intentionally limited to assure historic accuracy. For example, only rank above 'Private' was historically authorized; emblems of belief and the words 'Civil War' are not provided.

INSCRIPTION INFORMATION

MEMORIAL HEADSTONES AND MARKERS (remains are not buried). The words "In Memory Of" are mandatory and precede the authorized inscription data. The words "In Memory Of" are only inscribed when remains are not available.

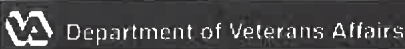
MANDATORY ITEMS of inscription at Government expense are: Legal Name, Branch of Service, Year of Birth, Year of Death, and for State Veterans and National Cemeteries only, the section and grave number. Branches of Service are: U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC), U.S. Coast Guard (USCG), U.S. Army Air Forces (USAAF), and other parent organizations authorized for certain periods of time; and special units such as Women's Army Auxiliary Corps (WAAC), Women's Air Force Service Pilots (WASP), U.S. Public Health Service (USPHS), and National Oceanic & Atmospheric Administration (NOAA). Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability.

OPTIONAL ITEMS are identified on the claim in boxes with bold outlines. These items may be included at Government expense if desired. Optional items include month and day of birth in block 5A, month and day of death in block 5B, highest rank attained in block 7, awards in block 9, war service in block 10, and emblem of belief in block 12. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, e.g., Vietnam may be inscribed if the Veteran served during the Vietnam War period, even though the individual never served in the country. Supporting documentation must be included with the claim if you wish to include the highest rank and/or awards.

ADDITIONAL ITEMS may be inscribed at Government expense if they are requested on the initial claim and space is available. Examples of additional items include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. All requests for additional inscription items should be stated in block 27, and are subject to VA approval. No graphics, emblems or pictures are permitted except available emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederates.

RESERVED SPACE for future inscriptions at private expense, such as spousal or dependent data, is allowed if requested in block 27 and if space is available. Only two lines of space may be reserved on flat markers due to space limitations. Reserved space is unnecessary on upright marble or granite headstones as the reverse side is available for future inscriptions.

INCOMPLETE OR INACCURATE INFORMATION ON THE CLAIM MAY RESULT IN ITS RETURN TO THE CLAIMANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.



IMPORTANT: Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. *Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION ARE REQUIRED.*

1. FOR VA USE ONLY

2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)

FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX
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3. GRAVE IS:

CURRENTLY MARKED
(with privately purchased marker)

NOT MARKED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)

4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.

SSN: _____ OR SVC. NO.: _____

PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)

5A. DATE OF BIRTH			5B. DATE OF DEATH			6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR

7. HIGHEST RANK ATTAINED (No pay grades)

8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7)

ARMY NAVY MARINE CORPS COAST GUARD AIR FORCE AIR FORCES MERCHANT MARINE OTHER (Specify)

9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)

MEDAL OF HONOR DST SVC CROSS NAVY CROSS AIR FORCE CROSS SILVER STAR BRONZE STAR MEDAL PURPLE HEART OTHER (Specify)

10. WAR SERVICE (Check applicable box(es))

WORLD WAR II KOREA VIETNAM PERSIAN GULF OTHER (Specify)

11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT BRONZE B
FLAT GRANITE G
UPRIGHT MARBLE U
FLAT MARBLE F
BRONZE NICHE Z
UPRIGHT GRANITE V

12. DESIRED EMBLEM OF BELIEF

EMBLEM NUMBER _____
(Specify) (See reverse side of this form for available emblems)

13A. NAME AND MAILING ADDRESS OF APPLICANT
(No., Street, City, State, and ZIP Code)

13B. DAYTIME PHONE NO. OF APPLICANT

14. E-MAIL ADDRESS (Optional)

15. FAX NO. (Optional)

16. ARE YOU:

NEXT OF KIN (Specify relationship) _____

AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDENT (Include Written Authorization)

AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN (Include Written Authorization)

CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a Capital Crime or was never convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

17. SIGNATURE OF APPLICANT

18. DATE (MM/DD/YYYY)

19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code); P.O. BOX IS NOT ACCEPTABLE

20. DAYTIME PHONE NO. (Include Area Code)

21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code)

CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker.

22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19

23. DATE (MM/DD/YYYY)

CERTIFICATION: By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL

25. DAYTIME PHONE NO. (Include Area Code)

26. DATE (MM/DD/YYYY)

27. REMARKS (Additional inscription space will vary in size according to the type of marker)

28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., buried at sea, remains scattered, etc.)

REMAINS NOT BURIED

29. SECTION/GRAVE NO. (State Cemetery Only)

AVAILABLE EMBLEMS (See block 12)

The graphics shown below are of 20 representative emblems of belief for placement on Government-furnished headstones/markers.



EMBLEMS OF BELIEF AVAILABLE:

<p>LATIN CROSS (01) BUDDHIST (Wheel of Righteousness) (02) JUDAISM (Star of David) (03) PRESBYTERIAN CROSS (04) RUSSIAN ORTHODOX CROSS (05) LUTHERAN CROSS (06) EPISCOPAL CROSS (07) UNITARIAN CHURCH (Flaming Chalice) (08) UNITED METHODIST CHURCH (09) AARONIC ORDER CHURCH (10) MORMON (Angel Moroni) (11) NATIVE AMERICAN CHURCH OF NORTH AMERICA (12) SERBIAN ORTHODOX (13) GREEK CROSS (14) BAHAI (9 Pointed Star) (15) ATHEIST (16) MUSLIM (Crescent and Star) (17) HINDU (18) KONKO-KYO FAITH (19) COMMUNITY OF CHRIST (20) SUFISM REORIENTED (21) TENRIKYO CHURCH (22) SIECHO-NO-IE (23) THE CHURCH OF WORLD MESSIANITY (Izunome) (24) UNITED CHURCH OF RELIGIOUS SCIENCE (25) CHRISTIAN REFORMED CHURCH (26) UNITED MORAVIAN CHURCH (27) ECKANKAR (28)</p>	<p>CHRISTIAN CHURCH (29) CHRISTIAN & MISSIONARY ALLIANCE (30) UNITED CHURCH OF CHRIST (31) HUMANIST (AMERICAN HUMANIST ASSOCIATION) (32) PRESBYTERIAN CHURCH (USA) (33) IZUMO TAISHAKYO MISSION OF HAWAII (34) SOKA GAKKAI INTERNATIONAL - USA (35) SIKH (KHANDA) (36) WICCAN (37) LUTHERAN CHURCH MISSOURI SYNOD (38) NEW APOSTOLIC CHURCH (39) SEVENTH DAY ADVENTIST CHURCH (40) CELTIC CROSS (41) ARMENIAN CROSS (42) FAROHAR (43) MESSIANIC JEWISH (44) KOHEN HANDS (45) CATHOLIC CELTIC CROSS (46) THE FIRST CHURCH OF CHRIST, SCIENTIST (Cross and Crown) (47) MEDICINE WHEEL (48) INFINITY (49) LUTHER ROSE (51) LANDING EAGLE (52) FOUR DIRECTIONS (53) CHURCH OF NAZARENE (54) HAMMER OF THOR (55) UNIFICATION CHURCH (56) MUSLIM (Islamic 5 Pointed Star) (98)</p>
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To obtain the most recent information about headstones and markers including the complete and most current list of available emblems of belief (listing all names and graphics), please visit our website at www.cem.va.gov. You may also request a copy of this list by contacting our Applicant Assistance Unit toll free at 1-800-697-6947, or via e-mail at: mps.headstones@va.gov.



Department of Veterans Affairs

PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average two minutes per response. Statutory authority for the Presidential Memorial Certificate (PMC) Program is 38 U.S.C. 112. The information requested is approved under OMB Control Number 2900-0567, and is necessary to allow eligible recipients (next of kin, other relatives or friends) to request additional certificates and/or replacement or correct certificates on receipt of the original PMC.

The National Cemetery Administration does not give, sell or transfer any personal information outside of the agency. VA may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Responding to this collection is voluntary. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005G2), 810 Vermont Avenue NW, Washington, DC 20420. **SEND COMMENTS ONLY.** *Please do not send applications for benefits to this address.*

INSTRUCTIONS: When inserting the veterans name below, **DO NOT** include nickname, military rank, or civilian title. Complete a new VA Form 40-0247 for each additional name and/or mailing address.

NAME OF VETERAN		NAME AND MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE
NUMBER OF CERTIFICATES REQUESTED	HOME OR WORK TELEPHONE NUMBER <i>(Include area code and do not insert spaces between numbers)</i>	

I certify, to the best of my knowledge, that the decedent has never committed a Capital Crime or was never convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

SIGNATURE OF REQUESTOR


RETURN COMPLETED FORM ALONG WITH A COPY OF THE DISCHARGE DOCUMENTS TO:

Presidential Memorial Certificates (41B3) National Cemetery Administration 5109 Russell Road Quantico, VA 22134-3903	Or	Fax To: 1 (800) 455-7143
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3. Appendix 3: VA Form 10-0137 Advance Directive: Durable Power of Attorney and Living Will

Current Copy Jun 2020 may be found at <https://www.va.gov/vaforms/medical/pdf/VA%20Form%2010-0137%20FILL.pdf>

OMB Approval Number 2900-0556
Estimated Burden Avg: 30 minutes

 Department of Veterans Affairs		
VA ADVANCE DIRECTIVE DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL		
<p>This advance directive form is an official document where you can write down your preferences for your health care. If someday you can't make health care decisions for yourself anymore, this advance directive can help guide the people who will make decisions for you.</p> <p>You can use this form to:</p> <ul style="list-style-type: none"> • Name specific people to make health care decisions for you • Describe your preferences for how you want to be treated • Describe your preferences for medical care, mental health care, long-term care, or other types of health care <p>When you complete this form, it's important that you also talk to your doctor, family, and other loved ones who may help to decide about your care. You should explain what you meant when you filled out the form.</p> <p>A health care professional can help you with this form and can answer any questions that you have. If you need more space for any part of the form, you may attach extra pages. Be sure to initial and date every page that you attach.</p>		
PART I: PERSONAL INFORMATION		
NAME (Last, First, Middle):		SOCIAL SECURITY NUMBER:
STREET ADDRESS:		
CITY, STATE, ZIP:		
HOME PHONE WITH AREA CODE:	WORK PHONE WITH AREA CODE:	MOBILE PHONE WITH AREA CODE:
Privacy Act Information and Paperwork Reduction Act Notice		
<p>The information requested on this form is solicited under the authority of 38 C.F.R. §17.32. It is being collected to document your preferences for your health care in the event that you can't speak for yourself anymore. The information you provide may be disclosed outside the VA as permitted by law. Possible disclosures include those that are described in the "routine uses" identified in the VA system of records 24VA19, Patient Medical Record-VA, published in the Federal Register in accordance with the Privacy Act of 1974. This is also available in the Compilation of Privacy Act Issuances at http://www.gpoaccess.gov/privacyact/index.html. You may choose to fill out this form or not. But without this information, VA health care providers may not understand your preferences as well. If you don't fill out this form, there won't be any effect on the benefits you are entitled to receive. The Paperwork Reduction Act of 1995 requires us to let you know that this information collection follows the clearance requirements of section 3507 of this Act. We estimate that it will take you about 30 minutes to fill out this form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information you write down. A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a current valid OMB control number. The OMB Control No. for this information collection is 2900-0556.</p>		

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER
----------------------------	------------------------

PART II: DURABLE POWER OF ATTORNEY FOR HEALTH CARE

This section of the advance directive form is called a Durable Power of Attorney for Health Care. It lets you appoint a specific person to make health care decisions for you in case you can't make decisions for yourself anymore. This person will be called your Health Care Agent.

- Your Health Care Agent should be someone:
- You trust
 - Who knows you well
 - Who is familiar with your values and beliefs

If you get too sick to make decisions for yourself, your Health Care Agent will have the authority to make all health care decisions for you. This includes decisions to admit and discharge you from any hospital or other health care institution. Your Health Care Agent can also decide to start or stop any type of health care treatment. He or she can access your personal health information, including your medical records.

NOTE: Information about whether you have been tested for HIV or treated for AIDS, sickle cell anemia, substance abuse or alcoholism will only be shared with your Health Care Agent under very limited circumstances. If you wish to give general permission for VA to share this information with your Health Care Agent, you will need to give special written consent by completing VA Form 10-5345. You can get VA Form 10-5345 from your VA health care provider or you can get it using a computer from this website <http://www4.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf>.

A - HEALTH CARE AGENT

Place your initials in the box next to your choice. Choose only one.

Initials	I don't wish to appoint a Health Care Agent right now. (Skip this section and go to Part III, Living Will.)
Initials	I appoint the person named below to make decisions about my health care if I can't decide for myself anymore.

Name (Last, First, Middle):	Relationship to Me:
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Street Address:	City, State, Zip:
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Home Phone with Area Code:	Work Phone with Area Code:	Mobile Phone with Area Code:
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VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL			
NAME <i>(Last, First, Middle)</i>		SOCIAL SECURITY NUMBER	
B - ALTERNATE HEALTH CARE AGENT			
Fill out this section if you want to appoint a second person to make health care decisions for you, in case the first person isn't available.			
Initials	If the person named above can't or doesn't want to make decisions for me, I appoint the person named below to act as my Health Care Agent.		
Name <i>(Last, First, Middle)</i> :		Relationship to Me:	
Street Address:		City, State, Zip:	
Home Phone with Area Code:	Work Phone with Area Code:	Mobile Phone with Area Code:	
PART III: LIVING WILL			
This section of the advance directive form is called a Living Will. This section of it lets you write down how you want to be treated in case you aren't able to decide for yourself anymore. Its purpose is to help others decide about your care.			
A - SPECIFIC PREFERENCES ABOUT LIFE-SUSTAINING TREATMENTS			
In this section, you can indicate your preferences for life-sustaining treatments in certain situations. Some examples of life-sustaining treatments are:			
<ul style="list-style-type: none"> • CPR (cardiopulmonary resuscitation) • a breathing machine (mechanical ventilation) • kidney dialysis • a feeding tube (artificial nutrition and hydration) 			
Think about each situation described on the left and ask yourself, "In that situation, would I want to have life-sustaining treatments?" Place your initials in the box that best describes your treatment preference. You may complete some, all, or none of this section. Choose only one box for each statement.			
	Yes. I would want life-sustaining treatments.	I'm not sure. It would depend on the circumstances.	No. I would not want life-sustaining treatments.
If I am unconscious, in a coma, or in a vegetative state and there is little or no chance of recovery.	Initials	Initials	Initials
If I have permanent, severe brain damage that makes me unable to recognize my family or friends (for example, severe dementia).	Initials	Initials	Initials

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
	Yes. I would want life-sustaining treatments.	I'm not sure. It would depend on the circumstances.	No. I would not want life-sustaining treatments.
If I have a permanent condition where other people must help me with my daily needs (for example, eating, bathing, toileting).	Initials	Initials	Initials
If I need to use a breathing machine and be in bed for the rest of my life.	Initials	Initials	Initials
If I have pain or other severe symptoms that cause suffering and can't be relieved.	Initials	Initials	Initials
If I have a condition that will make me die very soon, even with life-sustaining treatments.	Initials	Initials	Initials
Other:	Initials	Initials	Initials

B - MENTAL HEALTH PREFERENCES

This section is optional. You may skip this section if you do not have a serious mental health problem or if you do not want to write down your preferences for mental health care. If you have a serious mental health condition, you might want to write down medications that have worked for you in the past and that you would want again, or you might want to write down the mental health facilities or hospitals that you like and those that you don't like. If you need more space, you may attach extra pages and use this space to refer to attached pages. Be sure to initial and date every page that you attach.

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

C - ADDITIONAL PREFERENCES

This section is optional. In this space, you can write other important preferences for your health care that aren't described somewhere else in this document. For example, these might be social, cultural, or faith-based preferences for care, or preferences about treatments such as feeding tubes, blood transfusions, or pain medications. If you need more space, you may attach extra pages and use this space to refer to attached pages. Be sure to initial and date every page that you attach.

D - HOW STRICTLY YOU WANT YOUR PREFERENCES FOLLOWED

Place your initials in the box next to the statement that reflects how strictly you want others to follow your preferences. Choose only one.

Initials

I want my preferences, as expressed in this Living Will, to serve as a **general guide**. I understand that in some situations, the person making decisions for me may decide something different from the preferences I express above, if they think it's in my best interests.

Initials

I want my preferences, as expressed in this Living Will, to be followed strictly, even if the person making decisions for me thinks that this isn't in my best interests.

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

PART IV: SIGNATURES

A - YOUR SIGNATURE

By my signature below, I certify that this form accurately describes my preferences.

SIGNATURE

DATE

B - WITNESSES' SIGNATURES

Two people must witness your signature. VA employees may be witnesses if they are members of:

- The Chaplain Service
- The Social Work Service
- Nonclinical employees (e.g., Medical Administration Service, Voluntary Service, or Environmental Management Service)

Other employees of your VA facility may not sign as witnesses to your advance directive unless they're in your family.

Witness #1

I personally witnessed the signing of this advance directive. I am not appointed as Health Care Agent in this advance directive. I am not financially responsible for the care of the person making this advance directive. To the best of my knowledge, I am not named in the person's will.

SIGNATURE:

DATE:

Name (Printed or Typed):

Street Address:

City, State, Zip:

Witness #2

I personally witnessed the signing of this advance directive. I am not appointed as Health Care Agent in this advance directive. I am not financially responsible for the care of the person making this advance directive. To the best of my knowledge, I am not named in the person's will.

SIGNATURE:

DATE:

Name (Printed or Typed):

Street Address:

City, State, Zip:

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

PART V: SIGNATURE AND SEAL OF NOTARY PUBLIC (Optional)

This VA Advance Directive form is valid in VA facilities without being notarized. However, you may need to have it notarized to be legally binding outside the VA health care setting. Space for a Notary's signature and seal is included below.

On this _____ day of _____, in the year of _____, personally appeared before me _____,

known by me to be the person who completed this document and acknowledged it as their free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of _____, State of _____, on the date written above.

Notary Public _____ Commission Expires _____

[SEAL]

4. Appendix 4: VA Form 21-0845 – Authorization to Disclose Personal Information to a 3rd Party

Current copy at <https://www.vba.va.gov/pubs/forms/VBA-21-0845-ARE.pdf>



INFORMATION AND INSTRUCTIONS TO HELP YOU COMPLETE THE AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION TO A THIRD PARTY

GENERAL INFORMATION

At VA, we recognize and respect the importance of privacy. Personal information that we collect is kept confidential to the extent provided by law. In accordance with the Privacy Act and applicable confidentiality statutes, VA will only disclose the information in its custody or control in the following circumstances: where the individual identifies the particular information and consents to its use; where disclosure of the information is required by law; or where the disclosure is otherwise legally permitted, including release for a purpose compatible with the purpose for which it was collected.

By law, VA must have your written permission (an "authorization") to use or give out your claim or benefit information for any purpose that is not permitted by all applicable legal authorities. You may revoke your written permission at any time, except if VA has already acted based on your permission.

SPECIFIC INSTRUCTIONS

Questions 1 - 6

In this section, give us your pertinent contact information to include name, address, contact numbers, and e-mail address.

Question 7

Tell us the type of information you would like VA to release to your authorized third party.

Question 9

This section tells VA the duration of your consent. If you do not want your authorization to be effective indefinitely, tell us when to stop releasing your personal benefit or claim information to your authorized third party. Check the box that applies and fill in dates, if applicable.

Question 10

VA will give your personal benefit or claim information to the person or organization you fill in here. You may only select one person or one organization. If you designate an organization, you must also identify one or more individuals in that organization to whom VA may disclose your benefit or claim information. This form cannot be used to disclose federal tax information to third parties.

Question 11

Select the security question you would like us to ask your designated third party and provide the answer. This question will be asked each time your designated third party contacts our office.

Where Do I Send My Completed Form?

You can obtain the VA mailing address to send your completed, signed authorization by accessing our Internet website at <http://www.va.gov/directory> or in the government pages of your telephone book under "United States Government, Veterans."

You should make a copy of your signed authorization for your records before mailing it to VA. You can only have one active VA Form 21-0845 on file with VA at a time.

WHAT IF I CHANGE MY MIND?

If you change your mind and do not want VA to give out your personal benefit or claim information, you may notify us in writing, or by telephone at 1-800-827-1000 or electronically via the Internet at <https://iris.va.gov>. Upon notification from you VA will no longer give out benefit or claim information (except for the information VA has already given out based on your permission).



Department of Veterans Affairs

(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)

**AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION
TO A THIRD PARTY**

INSTRUCTIONS: Use this form if you want to give the Department of Veterans Affairs permission to release your personal beneficiary or claim information to a third party. This form may not be executed by any beneficiary recognized as incompetent for VA purposes, nor can VA accept this form from any beneficiary recognized as incompetent for VA purposes.

1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print clearly)	2. FIRST, MIDDLE, LAST NAME OF BENEFICIARY/CLAIMANT WHO IS NOT THE VETERAN (Print clearly)
--	--

3. ADDRESS OF BENEFICIARY/CLAIMANT (No, and Street or rural route, City or P.O., State and ZIP Code)

4. VA FILE NUMBER	5. SOCIAL SECURITY NUMBER
-------------------	---------------------------

6. CONTACT INFORMATION

A. DAYTIME PHONE NUMBER	B. CELL PHONE NUMBER	C. E - MAIL ADDRESS (If applicable)
-------------------------	----------------------	-------------------------------------

7. I (beneficiary/claimant) authorize the Department of Veterans Affairs (VA) to contact the person or organization listed below for the purposes of providing the following information pertaining to my VA record. (Check only one box below to tell VA the specific benefit or claim information you want disclosed.)

Any Information (Go to Item 9) Limited Information (Go to Item 8)

8. IF YOU SELECTED "LIMITED INFORMATION", CHECK ALL THAT APPLY

<input type="checkbox"/> Status of pending claim or appeal	<input type="checkbox"/> Amount of money owed VA	<input type="checkbox"/> Other
<input type="checkbox"/> Current benefit and rate	<input type="checkbox"/> Request a benefit payment letter	_____
<input type="checkbox"/> Payment history	<input type="checkbox"/> Change of address or direct deposit	_____

9. IF YOU SELECTED "ANY INFORMATION", THE TERMS OF SUCH RELEASE OF INFORMATION WILL BE:

One time only From the date of signing below until _____
(Specify date - month, day, year)

Ongoing until written notice is given to VA to terminate

10. VA IS AUTHORIZED TO DISCLOSE THE INFORMATION AS SPECIFIED ABOVE TO THE PERSON OR ORGANIZATION LISTED BELOW. NOTE: IF AUTHORIZATION IS FOR AN ORGANIZATION, PLEASE PROVIDE THE FIRST AND LAST NAME OF THE ORGANIZATION'S REPRESENTATIVE. (Please print clearly)

A. NAME OF PERSON OR ORGANIZATION	B. ADDRESS OF PERSON OR ORGANIZATION

11. SPECIFY THE SECURITY QUESTION YOU WANT USED WHEN VERIFYING THE IDENTITY OF YOUR DESIGNATED THIRD PARTY. CHECK ONLY ONE SECURITY QUESTION BOX IN 11A AND PROVIDE THE ANSWER IN 11B.

A. SECURITY QUESTION	B. ANSWER
<input type="checkbox"/> The city and state your mother was born in	
<input type="checkbox"/> The name of the high school you attended	
<input type="checkbox"/> Your first pet's name	
<input type="checkbox"/> Your favorite teacher's name	
<input type="checkbox"/> Your father's middle name	

12A. SIGNATURE (Do NOT print)	12B. DATE SIGNED
-------------------------------	------------------

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: We need this information to release your private benefit and/or claim information to a designated third party(ies). The execution of this form does not authorize the release of information other than that specifically described. The information requested on this form will authorize release of the information you specify. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMB/INVA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

5. Appendix 5: Brevard County Property Tax Exemption

Brevard County Property Tax Exemption

The following document is extracted the Brevard County Property Appraiser document Titled: "Are You Entitled to a Property Tax Exemption?" The whole document may be viewed at https://www.bcpao.us/docs/forms/Form_Homestead.pdf

Are You Entitled to a Property Tax Exemption?

Homestead Property Tax Exemption
Documents Required to File

Other Types of Exemptions and Reductions Available on Homestead Property

Additional Homestead Up To \$25,000

Widow/Widower Exemption

Disability Exemptions

Additional Exemption for Limited-Income Seniors 65 Years and Older

Reduction in Assessed Value for Living Quarters of Parents or Grandparents ("Granny Flat")

Homestead Tax Discount for Veterans Age 65 & Older with a Combat-Related Disability

Deployed Military Exemption

Non-Profit Exemptions

Churches

Charter Schools

Non-Profit Homes for the Aged

Affordable Housing

Conservation Easements

New Exemption Amendments - 2012

Amendment 2: Veterans Disabled Due to Combat Injury - Homestead Property Tax Discount

Amendment 9: Homestead Property Tax Exemption for Surviving Spouse of Military Veteran or First Responder

Amendment 11: Additional Homestead Tax Exemption for seniors

Homestead Property Tax Exemption

Article VII, Section 6, of the Florida Constitution provides that every person who on January 1st has legal or equitable title to real estate and maintains it as his/her permanent residence is entitled to a \$25,000 homestead property tax exemption or a percentage thereof if the ownership interest is less than 100%. This Constitutional provision also states that only one homestead exemption shall be allowed to any individual or family unit.

To receive the benefit of the homestead tax exemption a taxpayer must qualify on or before January 1st and must make an application with the Property Appraiser on or before March 1st of the year in which the benefit is first requested. It is important to remember that the homestead exemption benefit does not automatically transfer to a new residence. In accordance with State law, a new application is required if you move or if you change the manner in which title is held on your existing homestead.

Documents Required For All Owners Filing For Homestead Exemption

- 1) Florida Driver's License, or, if you do not drive, a Florida Identification Card;
- 2) Florida Vehicle Registration, for all vehicles owned or leased by you, or registered to your business;
- 3) Brevard County Voter Registration Card, if you are registered to vote;
- 4) Social Security card or other official document that includes the social security number. (Social Security documentation is required for the spouse of each applicant even if said spouse has no ownership interest in the homestead property);
- 5) If you are not a U.S. citizen, a Permanent Resident Alien Card ("Green Card");
- 6) If property is in trust, a copy of the trust agreement or a copy of a recorded Memorandum of Trust;
- 7) If the taxpayer owns property in any other State or Country, a letter from the appropriate agency verifying that the taxpayer does not receive benefits based on permanent residency in that jurisdiction;
- 8) A copy of your recorded deed or tax bill for property identification purposes;
- 9) If the dwelling is a manufactured home, registration(s) or title(s) for the manufactured home.
- 10) Other Types of Exemptions and Assessment Reductions Available on Homestead Property

Additional Homestead Exemption Up to \$25,000 - This additional homestead exemption is automatically applied to any property that receives the original \$25,000 homestead tax exemption. To receive the full additional \$25,000 homestead exemption the property's assessed value must be at least \$75,000. If the assessed value is lower than \$75,000, the additional homestead exemption will be less than \$25,000. For example:

Assessed Value	Additional Homestead Exemption
\$0 to \$50,000 or Less	(\$50,000 - \$50,000 = \$0) - No Additional Homestead -
\$3,890 to \$53,890	(\$53,890 - \$50,000 = \$3,890) - Partial Additional Homestead -
\$17,250 to \$67,250	(\$67,250 - \$50,000 = \$17,250) - Partial Additional Homestead -
\$25,000 to \$75,000	(\$75,000 - \$50,000 = \$25,000) - Maximum Additional Homestead -

\$500 Widow/Widower Exemption - Must be a widow or widower prior to January 1st and cannot be remarried; must be a permanent resident of Florida and provide a copy of spouse's death certificate to the Property Appraiser when applying; this exemption can be applied to any ONE property owned by the eligible person.

EFFECTIVE DATE: 07/01/2005. Upon the death of the Veteran, the benefit will carry over to the un-remarried spouse who had been married to the deceased Veteran for five or more years. If the spouse sells the property, an exemption not to exceed the amount granted in the most recent ad valorem tax roll may be transferred to his or her new residence so long as it is used as his or her primary residence.

Disability Exemptions:

\$500 Disability Exemption - Must be a permanent resident of Florida and provide a Physician's Certificate from one Florida licensed doctor, or documentation from the Social Security Administration; this exemption can be applied to any ONE property owned by the eligible person.

\$500 Exemption for Blind Persons - Must be a permanent resident of Florida and provide an Optometrist's Certification of Disability, a certificate from the Division of Blind Services or the United States Department of Veterans Affairs or the Social Security Administration certifying the applicant to be blind; this exemption can be applied to any ONE property owned by the eligible person.

Exemption for Totally & Permanently Disabled Persons (Civilian) - Must be (1) a quadriplegic, or (2) a paraplegic, hemiplegic or other totally and permanently disabled person who is confined to a wheel chair for mobility or is legally blind and meets the income requirements as set forth by statute; must provide a Physician's Certificate from two Florida licensed doctors; applies only to homestead property.

\$5,000 Exemption for Disabled Veterans - Must be a Florida resident and have a service-connected disability rated between 10% and 100%; must provide a certificate from the United States Government or a letter from Veterans Affairs; under certain circumstances, the benefit of this exemption can carry over to the veteran's surviving spouse (who is not remarried); this exemption can be applied to any ONE property owned by the eligible person.

Service-Connected Total & Permanent Disability Exemption - Veteran must be considered totally and permanently disabled due to a service-connected cause, or be the surviving spouse (who is not remarried) of a qualifying veteran; or the surviving spouse (who is not remarried) of a Florida resident veteran who died from service-connected causes while on active duty with the United States Armed Forces; must provide a certificate from the United States Government or a letter from Veterans Affairs, and may be requested to provide additional documents to prove the residency of a deceased veteran; this exemption applies only to homestead property.

Additional Exemption for Limited-Income Seniors 65 Years and Older - Must be 65 years old or older on January 1st and receive homestead exemption; must have an adjusted household income not exceeding approximately \$27,030, which is adjusted annually based on the Consumer Price Index, and provided to the Property Appraiser's office by the Department of Revenue in mid-January each year. An initial application must be filed with the Property Appraiser's office together with a copy of the prior year's Federal income tax returns if filed, and any wage and earning statements (W-2, 1099); an annual affirmation of income is required.

Reduction in Assessment for Living Quarters of Parents or Grandparents ("Granny Flat") Property must have an existing homestead exemption; construction or reconstruction of the quarters must be properly permitted; the occupant of the quarters must be a parent or grandparent of the owner; the occupant must be at least 62 years old and permanently reside on the property on or before January 1st of the year in which the reduction is requested; and the occupant cannot receive any benefits in any other county or state based on permanent residency. An initial application must be filed with the Property Appraiser's office, together with plans, permits and certificate of occupancy; an annual affirmation is required.

Homestead Tax Discount for Veterans Age 65 or Older with a Combat-Related Disability Must be 65 years old or older on January 1st; must be honorably discharged from military service; and must have a service-connected disability of 10% or higher that is combat related. The discount is equal to the percentage of combat related disability as determined by the U.S. Department of Veteran's Affairs.

Deployed Military Exemption - Available to service members who receive homestead exemption and who were deployed during the preceding calendar year on active duty outside the continental United States, Alaska, or Hawaii in connection with a designated military operation. The current designated military

operations are Operation Freedom which began October 7, 2001; Operation Iraqi Freedom which began on March 19, 2003 and ended on August 31, 2010; or Operation New Dawn which began on September 1, 2010. The amount of the exemption is determined by the number of days deployed. An application must be filed with the Property Appraiser's office on or before March 1st of the year following the qualified deployment, together with documentation proving the dates of deployment.

The Non-Profit Property Tax Exemptions and Conservation Easement sections of this Brevard Country Property Tax Exemption document are not included in this extract.

Amendment 2 (2012)

Veterans Disabled Due to Combat Injury - Homestead Property Tax Discount

Amendment 2 was approved by the voters in the November 6, 2012 general election. This amendment changes Section 6 of Article VII. It expands the availability of the property tax discount on the homesteads of veterans who become disabled as the result of a combat injury. The amendment deletes the requirement that a veteran had to be a Florida resident at the time he or she entered military service to receive a veteran's homestead property tax discount. The amendment takes effect January 1, 2013, and applies to the 2013 tax year and every subsequent year. Veterans who were previously denied this discount because they were not Florida residents at the time of enlistment should be encouraged to reapply.

Amendment 9 (2012)

Homestead Property Tax Exemption for Surviving Spouse of Military Veteran or First Responder

Amendment 9 was approved by the voters in the November 6, 2012 general election. This amendment changes Section 6 of Article VII. It provided homestead property tax relief to the surviving spouse of a military veteran or a first responder who died in the line of duty. These constitutional changes:

Define the terms "first responder" and "in the line of duty";

Grant a total exemption to the homestead of the surviving spouse;

specify that, for the surviving spouse to qualify for this exemption:

The military veteran must have died from service-connected causes while on active duty; or,

The first responder must have died in the line of duty.

Amendment 11 (2012)

Additional Homestead Tax Exemption for seniors

This amendment allows counties or municipalities to grant either or both of the following:

An exemption not exceeding fifty-thousand dollars to any person who has the legal or equitable title to real estate, maintains their permanent residence on the property, is 65 or older, and whose household income does not exceed the household income limitation; or

An additional exemption equal to the assessed value of the property to an owner who has title to real estate in Florida with a just value less than \$250,000, has maintained permanent residence on the property for not less than 25 years, is 65 or older and whose household income does not exceed the household income limitation. The household income limit is adjusted each year on January 1, according to changes in the county apportionment.

Appendix: 6 Request for Records

On line fillable form can be found at <https://www.archives.gov/files/research/order/standard-form-180.pdf>

Page one is instructions, Page two is the form to fill in and send, Determine Service dates from page three to get the proper address to send the Second Page **Signed** document.

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST** provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.

b. **Fees for records:** There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.** SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>
 To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE	Unknown			<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	Unknown			<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	Unknown			<input type="checkbox"/>	<input type="checkbox"/>	

6. IS THIS PERSON DECEASED? NO YES - MUST provide Date of Death if veteran is deceased: _____

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? NO YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran: _____
 This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.
 An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.

Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided: _____

Other (Specify): _____

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

Benefits (explain) Employment VA Loan Programs Medical Genealogy Correction Personal Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

 (Relationship to deceased veteran)

I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)

OTHER

 (Specify type of Other)

3. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 4 on accompanying instructions.)

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print _____ Date _____

Daytime phone _____ Fax Number _____

Email address _____

* This form is available at <http://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. *

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 - 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 - 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 - 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 - 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 - 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1893	6	
	Discharged, deceased, or retired 1/1/1905 - 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 - 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 - 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 - 10/15/1992 (enlisted) or 7/1/1917 - 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 - 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 - 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 - 1/30/1994 (enlisted) or 1/1/1903 - 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 - 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 - 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) - Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: http://www.hrc.army.mil/TAG/D/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) M87200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 MR_CustomerService@uscg.mil	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2005 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63158-1802 eVetRecs: http://www.archives.gov/veterans/military-service-records/
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120		

Section 11

11. Ready Reference Contact Information

Air Force Retiree Services: (800) 531-7502; www.retirees.af.mil
Arlington National Cemetery: (703) 607-8000 www.arlingtoncemetery.org
Armed Forces Retirement Home: (800) 422-9988; www.afrh.gov
Army & Air Force Exchange Service: (214) 312-2011; www.aafes.com
Army Retired Services: (703) 325-9158; www.armyg1.army.mil/retire

Burial at Sea Information: (866) 787-0081; www.npc.navy.mil
Burial information: (800) 827-1000; www.cem.va.gov

Combat Related Special Compensation:
www.donhq.navy.mil/corb/crscb/crscmainpage.htm

DEERS: (800)-538-9552, Fax: (831) 655-8317;
www.tricare.osd.mil/deers Defense Commissary Agency:
www.commissaries.com
DFAS Casualty Assistance Branch: (800) 321-1080 or (216) 522-5955;
(For Reporting a Retiree's death, option #1)

Fleet Reserve Association: (703) 683-1400; www.fra.org

Gulf War homepage: www.gulflink.osd.mil

I.D. Cards Benefits and Eligibility: (866) 827-5672;
www.npc.navy.mil/support/paypers/ID_Cards/Pages
Internal Revenue Service: (800) 829-1040; www.irs.gov

Marine Corps Retired Affairs: (800) 336-4649; www.usmc.mil
(Click on "Marines," then click on "Retired Services")

Medicare: (800) 633-4227

TTY: (877) 486-2048; www.medicare.gov

Military Officers Assoc. of America: (800) 234-6622; www.moaa.org

National Burial Services: (800) 697-6940
NPC Navy Reserve Personnel Management (PERS 9): (866) 827-5672
www.npc.navy.mil/career/reservepersonnelmgmt/Pages/
Navy Casualty Assistance: (800) 368-3202
Navy Retired Activities Office: (866) U-ASK-NPC (866-827-5672)
MILL_RetiredActivities@navy.mil;
www.npc.navy.mil/support/retired_activities/Pages
Navy Uniform Shop: (800) 368-4088; www.navy-nex.com/uniform
Navy Worldwide Locator: (866) U-ASK-NPC (866) 827-5672);
www.npc.navy.mil/organization/npc/csc/Pages/NavyLocatorService.aspx

Reserve Component SBP: (866) 827-5672 ask for PERS-912
Retiree Dental — Delta Dental: (888) 838-8737; www.trdp.org
Servicemembers Group Insurance (SGLI): (800) 419-1473;
www.insurance.va.gov
Social Security Administration: (800) 772-1213; www.ssa.gov

Pay/SBP Questions: www.dfas.mil
Pay inquiries and update of pay or SBP records in case of death, divorce or remarriage.

Retiree:
Defense Finance and Accounting Service
U.S. Military Retirement Pay
P.O. Box 7130
London KY 40742-7130
(800) 321-1080, (216) 522-5955

SBP/RSFPP annuitant:
Defense Finance and Accounting Service
U.S. military Annuitant Pay
PO Box 7131
London KY 40742-7131
(800) 321-1080, (216) 522-5955

TRICARE: www.tricare.mil

- a. TRICARE North: (877) TRICARE (874-2273); www.hnfs.net/: CT, DC, DE, IL, IN, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH, PA, RI, VT, VA, WI, WV, some zips in IA, MO, TN
- b. TRICARE South: (800) 444-5445; www.humana-military.com: AL, AR, FL, GA, LA, MS, OK, SC, TN (except 35 TN zips near Fort Campbell), and TX (except the extreme SW El Paso area)
- c. TRICARE West: (888) TRIWEST (874-9378); www.triwest.com: AK, AZ, CA, CO, HI, ID, IA (except 82 zips near Rock Island), KS, MO (except St. Louis area), MN, MT, ND, NE, NM, NV, OR, DE, SW TX, UT, WA, WY
- d. TRICARE Overseas: (888) 777-8343; www.tricare.mil
- e. TRICARE For Life: (866) 773-0404;
www.tricare.mil/tfl
TRICARE mail order pharmacy:
(877) 363-1303.