



VETERANS' SURVIVORS FORM

Date _____ 20 _____

Complete this form and keep it in a personnel file. When needed, this information will prove most valuable in establishing Veterans Benefits and Rights at some future date.

Veteran's Full Name: _____

Birth Date: _____ Place: _____

Social Security Number: _____ - _____ - _____ VA Claim No. C-: _____

GI Insurance File Number: _____ Service Serial Number: _____

Active Duty Service Dates (from DD214): _____ to _____

Place(s) of Entry: _____

Branch(s) of Service: _____

Place(s) of Separation: _____

Discharge or DD214 Record Location: City _____ County _____

State _____ Volume _____ Page _____

Spouse's Full Name Prior to Marriage: _____

Date of Marriage: _____ City: _____ State: _____

Previous Marriages of Veteran (if applicable [name, date, place]):

- 1. _____
2. _____

Children (name, birth dates, birth places [list additional children on back]):

- 1. _____
2. _____
3. _____
4. _____

If either you or your spouse had a previous marriage, it is important that you list how these marriages ended (death, divorce, annulment) and that you list the dates and places of termination, as the VA needs proof that your marriage to the Veteran was legal. If possible, attach a copy of Veteran's discharge or separation paper for your file.

In order to have a record of this information to establish eligibility for Veterans and widow(er) benefits in the future, it is suggested that a copy be furnished to the Veterans Service Agency in your area. Consider whether you want to place a copy of your discharge and this document on file in your County Clerk's office. There they are considered public information and anyone can view the record.