



1. INSURANCE FILE NUMBER

CERTIFICATE SHOWING RESIDENCE AND HEIRS OR DECEASED VETERAN OR BENEFICIARY

2. NAME OF INSURED (*First, Middle, Last*)

PRIVACY ACT INFORMATION: No proceeds may be paid unless a completed claim form has been received (38 U.S.C. 717 and 750, 38 CFR 6.128 and 8.54). The information provided, on a voluntary basis, will be used by Department of Veterans Affairs (VA) employees and your authorized representative in the maintenance of Government Insurance records. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

3. THE QUESTIONS REFER TO THE ESTATE OF: 4A. ARE THERE HEIRS TO THIS ESTATE?
(*Give first, middle, last name*)

YES NO

4B. HAS THERE BEEN OR WILL THERE BE AN EXECUTOR OR ADMINISTRATOR APPOINTED FOR THIS ESTATE?

YES NO (*If "Yes," see note below. If "No," complete remaining items*)

NOTE: If there has been or will be an executor or administrator appointed, furnish letters testamentary or letters of administration. Skip the remaining items, sign on reverse, and return this form with your letters.

5. STATE OF RESIDENCE AT TIME OF DEATH (EXCLUDING MILITARY SERVICE)

IMPORTANT: Items 6 through 9 - Write the word "NONE" in each item where there is no next of kin. If any information is unknown to the witnesses, the words "DO NOT KNOW" should be written in the space provided. If additional space is required, attach a separate sheet. If separate sheets are necessary, each sheet must be signed.

6. SPOUSE OF DECEASED VETERAN/BENEFICIARY

A. NAME OF SPOUSE	B. AGE	C. ADDRESS	D. DATE OF DEATH (<i>If deceased</i>)	E. YEAR OF MARRIAGE

7. CHILD(REN) OF DECEASED VETERAN/BENEFICIARY

A. NAME(S) OF CHILD(REN) (<i>Include illegitimate, adopted and unborn child(ren)</i>)	B. AGE	C. ADDRESS	D. DATE OF DEATH (<i>If deceased</i>)	E. PARENTS OF CHILD(REN)

8. PARENTS OF DECEASED VETERAN/BENEFICIARY

A. NAME OF PARENT	B. AGE	C. ADDRESS	D. DATE OF DEATH (<i>If deceased</i>)
FATHER			
MOTHER			

IMPORTANT: If spouse, child(ren), or parent(s) survive the insured, skip to Item 11A on the reverse.

**9. BROTHER(S) AND SISTER(S) OF DECEASED VETERAN/BENEFICIARY
(STATE WHETHER FULL, HALF-BLOOD, OR ADOPTED)**

A. NAME(S) OF BROTHER(S) AND SISTER(S)	B. AGE	C. ADDRESS	D. DATE OF DEATH <i>(If deceased)</i>
NAME(S) OF CHILD(REN) OF DECEASED BROTHER(S) AND SISTER(S)			

WE CERTIFY THAT to the best of our knowledge and belief, the above named are the only relatives of the veteran/beneficiary, living or dead, and that the foregoing statements are true.

10. FIRST WITNESS INFORMATION		11. SECOND WITNESS INFORMATION	
A. FIRST, MIDDLE, LAST NAME		A. FIRST, MIDDLE, LAST NAME	
B. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>		B. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>	
C. RELATIONSHIP TO DECEASED		C. RELATIONSHIP TO DECEASED	
D. SIGNATURE		D. SIGNATURE	

PENALTY: The statements contained herein are made with the full knowledge of the penalties imposed by law for making false statements of a material fact.

QUESTIONS ABOUT THIS INSURANCE? CALL OUR TOLL-FREE NUMBER 1-800-669-8477.