

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS: Use this form if you want to request to substitute the claim of a deceased claimant.

NOTE: You may *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. FIRST, MIDDLE INITIAL, LAST NAME OF DECEASED CLAIMANT *(Print clearly if completing by hand)*

[illegible]

2. VETERAN'S FILE NUMBER (If applicable)

--	--	--	--	--	--	--	--	--

3. VETERAN'S SOCIAL SECURITY NUMBER

--	--	--	--

4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

Month Day Year

- -

5. VETERAN'S DATE OF DEATH (MM/DD/YYYY)

Month Day Year

		-			-				
--	--	---	--	--	---	--	--	--	--

I have interest in the claim of the deceased and request to be substituted as the claimant. I am eligible to receive accrued benefits due the deceased claimant and I am eligible to be a substitute claimant under section 5121(a) of title 38.

6. FIRST, MIDDLE INITIAL, LAST NAME OF SUBSTITUTE CLAIMANT *(Print clearly if completing by hand)*

[illegible]

7. RELATIONSHIP TO DECEASED

8. CLAIMANT'S SOCIAL SECURITY NUMBER

-

-

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

[illegible]

Apt./Unit Number

--	--	--	--	--

City

[illegible]

State/Province

--	--

Country

--	--

ZIP Code/Postal Code

--	--	--	--	--

--	--	--	--

10. CLAIMANT'S TELEPHONE NUMBER(S)

A. DAYTIME PHONE NUMBER

B. EVENING PHONE NUMBER

C. CELL PHONE NUMBER	
----------------------	--

11. E-MAIL ADDRESS (Optional) (NOTE: By providing your E-mail address you provide consent for VA to contact you via E-mail and that those E-mails may contain personal identifiable information. However, VA will never include your SSN in E-mail correspondence.)

12. FAX NUMBER (If applicable)

13. REMARKS

14A. SIGNATURE (Do **NOT** print)

14B. DATE SIGNED (MM/DD/YYYY)

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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies. You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine eligibility for payment of substitution benefits under 38 U.S.C. 5121(a). 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.