

**The Commonwealth of Massachusetts**  
**Department of Veterans' Services**  
**600 Washington Street, 7<sup>th</sup> Floor**  
**Boston MA 02111**  
**Telephone: (617) 210-5480 Fax: (617) 210-5755**  
**www.mass.gov/veterans**

**APPLICATION for ANNUITY**

*Massachusetts General Laws, Chapter 115, Section 6A, 6B, and 6C*

<b>1. <u>Annuity Category</u></b>	Unremarried Spouses of Certain Deceased Veterans (death must be service-connected)
<b>2. <u>Applicant's</u></b>	Full Name: _____ <div style="text-align: center; font-size: small;">Last, First, Middle Initial</div> Address: _____ <div style="text-align: center; font-size: small;">Number, Street, Apartment Number, P.O. Box Number</div> _____ <div style="text-align: center; font-size: small;">City/Town, State, Zip Code</div> Telephone: _____ Relationship to Veteran: <span style="margin-left: 100px;">Wife</span> <span style="margin-left: 100px;">Husband</span>  Social Security: _____
<b>3. <u>Veteran's</u></b>	Full Name (If different from Above): _____ <div style="text-align: center; font-size: small;">Last, First, Middle Initial</div> Date of Birth: _____ Social Security Number: _____ <div style="text-align: center; font-size: small;">Month Day Year</div> Branch of Service: _____ Service Number: _____ Grade/Rank: _____  Period of Active Service: From: _____ / _____ / _____ To: _____ / _____ / _____ <div style="text-align: center; font-size: small;">Month Day Year Month Day Year</div> Character of Service (Type of Discharge): _____  Veteran's Home of Record (At time of entry into active Service): _____ <div style="text-align: center; font-size: small;">City/State</div>
<b>4. <u>Additional Information Required</u></b>	Department of Veterans Affairs (VA) File Number: _____  In detail, state the nature of the disability, and when and where incurred: _____  Cause of Death: _____ Place and Date of Death: _____  Name, Address, Relationship of Applicant's Next of Kin: _____
<b>The following additional forms shall be filed with this application:</b> <ul style="list-style-type: none"> <li>• Certificate of Discharge or Release from Active Service (DD Form 214)</li> <li>• Marriage Certificate</li> <li>• Death Certificate</li> <li>• Casualty Report of Deceased Veteran (if applicable)</li> <li>• VA/DIC Rating Decision</li> <li>• Request for Verification of Taxation Reporting Form (W-9): <b>Mandatory and available on website</b></li> <li>• Direct Deposit Form, send to DVS: <b>(MANDATORY)</b></li> </ul>	The law provides severe penalties, which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled. Further, I hereby authorize access to the U.S. Department of Veterans Affairs information or records to verify information provided in this application and in support of this request.  <b>Signature</b> _____  <b>Date</b> _____