

The Commonwealth of Massachusetts
Department of Veterans' Services
600 Washington Street, 7th 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

1. <u>Annuity Category</u>	-- Blind, paraplegic, or 100% Disabled Veteran (All cases must be service connected) -- Parents of Certain Deceased Veterans
2. <u>Applicant's</u>	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: <input type="checkbox"/> Parent <input type="checkbox"/> Self Social Security: _____
3. <u>Veteran's</u>	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>
4. <u>Additional Information Required</u>	Department of Veterans Affairs (VA) File Number: _____ Cause of Death: _____ Place and Date of Death: _____ Name, Address, Relationship of Applicant's Next of Kin: _____
The following additional forms shall be filed with this application: <ul style="list-style-type: none"> • Certificate of Discharge or Release from Active Service (DD Form 214) • Request for Verification of Taxation Reporting Form (W-9): Mandatory and available on website • VA Rating Decision • Birth Certificate of Deceased Veteran (parent application only) • Death Certificate or Casualty Report of Deceased Veteran • Direct Deposit Form, send to DVS: (Optional) 	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. Signature _____ Date _____