

The Commonwealth of Massachusetts
Department of Veterans' Services
239 Causeway Street, Suite 100
Boston, Massachusetts 02114
Telephone: (617) 727-3578 Fax: (617) 727-5903

APPLICATION for ANNUITY

Massachusetts General Laws, Chapter 115, Sections 6A, 6B, and 6C

1. **Annuity Category** Blind, Paraplegic, or 100% Disabled Veteran (All cases must be service connected)
 Parents of Certain Deceased Veterans

2. **Applicant's** Full Name: _____
Last, First, Middle Initial
Address: _____
Number, Street, Apartment Number, P.O. Box Number

City/Town, State, Zip Code
Telephone: _____ Relationship to Veteran:
Social Security: _____ Parent Self

3. **Veteran's** Full Name (If different from above): _____
Last, First, Middle Initial
Date of Birth: _____ Social Security Number: _____
Month Day Year
Branch of Service: _____ Service Number: _____ Grade/Rank: _____
Period of Active Service: From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year
Character of Service (Type of Discharge): _____
Veteran's Home of Record (At time of entry into active service): _____
City/State

4. **Additional Information Required**

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, and Relationship of **Applicant's** Next of Kin: _____

The following additional forms shall be filed with this application:

Certificate of Discharge or Release from Active Service (DD Form 214)
Request for Verification of Taxation Reporting Form (W-9): **Mandatory**
Current VA Award Letter
Marriage Certificate
Death Certificate or Casualty Report of Deceased Veteran
DIC Letter of Benefits
Direct Deposit Form: (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 U.S. Department of Veterans Affairs information or records to verify information provided in this application and in support of this request.

Signature _____ Date _____