

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**  Unremarried Spouses\* of Certain Deceased Veterans  
\*Currently receiving DIC

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: \_\_\_\_\_  Wife  Husband

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:**

Marriage Certificate  
Death Certificate  
Casualty Report of Deceased Veteran  
DIC Letter of Benefits

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 \_\_\_\_\_