

Please complete the survivor's worksheet page #2 of this pamphlet. This information will enable the Service Officer to assist with any necessary claims.

In the event of the veteran's death, prior to contacting a Service Officer for assistance please obtain a certified copy of the veteran's death certificate and all documents listed on page #1 of this pamphlet.

For assistance in applying for VA benefits please contact either one of the following:

The Local American Legion Post Service Officer
County Veterans' Assistance Commission Office
Local State Veterans' Service Office
The American Legion Department of Veterans' Affairs
& Rehabilitation Office

You may contact the VA direct at:

VA National Toll Free Number: 1-800-827-1000
For Hearing Impaired: 1-800-829-4833

FOR MORE INFORMATION CONTACT:

**The American Legion, Department of Illinois
Veterans Affairs' & Rehabilitation
2122 W. Taylor St. - Room 106
Chicago, Illinois 60612
Phone: (312) 980-4267 or 4266**

THINGS TO DO... BEFORE A VETERAN DIES

One of the eventualities - an unpleasant one to be sure - but necessary, that must be kept in mind by the spouses and families of veterans, is the possible death of the veteran.

The first thing to be done by all families is to have within easy access certain papers and documents. Among these are the following:

- (1) Family insurance policies.
- (2) Birth certificates of all children.
- (3) The veteran's service discharge (DD 214) or equivalent war department report of separation.
- (4) Any VA document(s), showing the veteran's VA claim number (A VA number is assigned to every veteran as soon as he files for any VA benefits, and after June 1974 the Social Security number is assigned as the claim number, even after his/her death).
- (5) Veteran's Social Security number.
- (6) A copy of marriage certificate(s) and any divorce decree(s) of both veteran and spouse.

SURVIVOR'S WORKSHEET

Veteran's Full Name: _____

Birthdate: _____ **Place:** _____

Social Security No: _____ **VA Claim No:** _____

GI Insurance File No. (if any): _____

Serial/Service No: _____

Date(s) of Entry into Active Service: _____

Date(s) of Separation from Active Service: _____

Branch of Service: _____

Discharge Paper (or DD 214) recorded with County Clerk Office at:

City: _____ **County:** _____

State: _____ **Volume No:** _____ **Page No:** _____

Spouse's Name: _____

Social Security No: _____

Date of Marriage: _____ **Place:** _____

Previous marriages of veteran (names, dates, places):

1. _____
2. _____
3. _____

Previous marriages of spouse (names, dates, places):

1. _____
2. _____
3. _____

Children (names, dates, and places of birth(s)):

1. _____
2. _____
3. _____
4. _____