

Section 3: Applicant Data

This section must be completed only if the application is being filed by a surviving relative of a deceased veteran or the authorized representative of an incompetent veteran. **Service Members or Veterans filing on their own-behalf should not complete this section.**

Compensation on behalf of a deceased Veteran will be made in the order named to: a surviving spouse, surviving children or surviving parents.

In the case where a Veteran is incompetent, if no guardian has been appointed, payment shall be made as described in the previous paragraph, or in the absence of any such person and if the Veteran is in a facility, to the person in charge of the facility.

3 (A) Provide the following information as it applies to yourself (the applicant) :

*Last Name *First Name M.I. Mr/Mrs/Ms

*Social Security Number

3 (B) Complete this subsection only if the Veteran identified in Section 1 is deceased and you are applying as a surviving family member. All items in this section must be completed.

*Relationship to deceased Veteran:

Spouse - Do you affirm that you were not living separate and apart from the eligible veteran at the time he or she commenced active service?

Yes No

Child - Do you affirm that there is no qualifying surviving spouse?

Yes No

Parent - Do you affirm that there is no qualifying surviving spouse or children?

Yes No

*Did the Veteran's death occur as a result of injuries incurred while serving in the Persian Gulf Conflict during the period of August 2, 1990 through August 31, 1991 as certified by the DoD or U.S. Department of Veterans Affairs?

Yes No (Attach DD1300 or Veterans Affairs Rating Decision)

3 (C) Complete this subsection only if you are applying as an official representative on behalf of a Veteran who has been declared incompetent.

*Relationship to Veteran (choose one):

Guardian Holder of Power of Attorney Qualifying Relative: Spouse Child Parent

Other (explain) _____ Facility Represented: _____

