

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. _____