The Commonwealth of Massachusetts
Department of Veterans' Services
600 Washington Street, 7th Floor
Boston MA 02111
Telephone: (617) 210-5480 Fax: (617) 210-5755
www.mass.gov/veterans

APPLICATION for ANNUITY

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

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1. **Annuity Category**   -- Blind, paraplegic, or 100% Disabled Veteran (All cases must be service connected)

          -- Parents of Certain Deceased Veterans

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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: ☐ Parent   ☐ Self

     Social Security:_____

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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

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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, 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 and available on website**
- VA Rating Decision
- Birth Certificate of Deceased Veteran (parent application only)
- Death Certificate or Casualty Report of Deceased Veteran
- Direct Deposit Form, send to DVS: (**MANDATORY**)

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 the U.S. Department of Veterans Affairs information or records to verify information provided in this application and in support of this request.

Signature _____

Date_____