The Commonwealth of Massachusetts
Department of Veterans' Services
600 Washington Street, Suite 1100
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

1. Annuity Category -- Blind, paraplegic, or 100% Disabled Veteran (All cases must be service connected)
-- Parents of Certain Deceased Veterans

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:_____

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, 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: (Optional)

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_____