

(A)

Please list all surviving children of the deceased (both natural or legally adopted) and provide all the additional information as requested. (List stepchildren only if they are legally adopted.) We cannot process this claim unless all requested information is provided.

MR FIRST NAME M.I. JR III
 MS MRS SR IV
LAST NAME II V
ADDRESS (STREET & NUMBER)
CITY STATE ZIP CODE+4
PHONE NUMBER () - SOCIAL SECURITY NUMBER
DATE OF BIRTH / / Gender*
 MALE FEMALE

MR FIRST NAME M.I. JR III
 MS MRS SR IV
LAST NAME II V
ADDRESS (STREET & NUMBER)
CITY STATE ZIP CODE+4
PHONE NUMBER () - SOCIAL SECURITY NUMBER
DATE OF BIRTH / / Gender*
 MALE FEMALE



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 PHONE NUMBER () - SOCIAL SECURITY NUMBER -
 DATE OF BIRTH / / Gender*
 MALE FEMALE

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 PHONE NUMBER () - SOCIAL SECURITY NUMBER -
 DATE OF BIRTH / / Gender*
 MALE FEMALE

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 MS JR III
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 LAST NAME II V
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 CITY STATE ZIP CODE+4
 PHONE NUMBER () - SOCIAL SECURITY NUMBER -
 DATE OF BIRTH / / Gender*
 MALE FEMALE



(B) If any of the children died after the member's death, please list their name(s) and date(s) of death:

MR FIRST NAME M.I.
 MS M.I.
 MRS M.I.

JR III
 SR IV
 II V

LAST NAME

DATE OF DEATH

/ /

Gender*
 MALE FEMALE

MR FIRST NAME M.I.
 MS M.I.
 MRS M.I.

JR III
 SR IV
 II V

LAST NAME

DATE OF DEATH

/ /

Gender*
 MALE FEMALE

Please provide the following information about the surviving parents of the deceased member:

MR FIRST NAME M.I.
 MS M.I.
 MRS M.I.

JR III
 SR IV
 II V

LAST NAME

ADDRESS (STREET & NUMBER)

CITY STATE ZIP CODE+4

/ -

PHONE NUMBER SOCIAL SECURITY NUMBER RELATIONSHIP

FATHER
 MOTHER



MR FIRST NAME M.I.
 MS JR III
 MRS SR IV
 LAST NAME II V
 ADDRESS (STREET & NUMBER)
 CITY STATE ZIP CODE+4
 PHONE NUMBER () - SOCIAL SECURITY NUMBER RELATIONSHIP
 FATHER
 MOTHER

Please identify the court-appointed executor, administrator, or other person handling the estate of our member, and provide the Social Security Number for the estate. Also enclose a copy of letters of administration.

MR FIRST NAME M.I.
 MS JR III
 MRS SR IV
 LAST NAME II V
 ADDRESS (STREET & NUMBER)
 CITY STATE ZIP CODE+4
 PHONE NUMBER () - SOCIAL SECURITY NUMBER OF THE ESTATE

* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.



