



NYS Division of Veterans' Affairs
#2 Empire State Plaza, 17th Floor
Albany, New York 12223
Telephone: (518) 474-6784

APPLICATION for GOLD STAR PARENT ANNUITY

New York State Executive Law, Section 367

1. **Applicant's Full Name:** _____
Last, First, Middle Initial

2. **Applicant's Actual Address:** _____
Number, Street, Apartment Number, P.O. Box Number

City/Town, State, Zip Code

3. **Telephone:** _____ **Email:** _____

4. **Applicant's Social Security Number:** _____

5. **Relationship to Deceased Veteran:** _____

6. **Is any other individual eligible to receive this benefit?** YES NO

If so, provide their name, address and social security number:

7. **Are you or any other eligible applicant currently incarcerated?** YES NO

8. **Deceased Veteran's Full Name:** _____
Last, First, Middle Initial

9. **Deceased Veteran's Date of Birth:** _____

10. **Deceased Veteran's Social Security Number or Service Number:** _____

11. **Branch of Service:** _____ **Grade/Rank:** _____

12. **U.S. Department of Veterans Affairs (VA) File Number (if available):** _____

13. **Place and Date of Death:** _____

I certify that the above statements are true and complete; and I make these statements with the knowledge that willfully issuing a false or fraudulent statement is a misdemeanor under section 210.45 of the Penal Law.

Signature: _____ **Date:** _____

Return Completed Form to:

NYS Division of Veterans' Affairs
c/o Gold Star Parent Annuity
#2 Empire State Plaza, 17th Floor
Albany, New York 12223