



# Division of Veterans' Affairs

NYS Division of Veterans' Affairs  
#2 Empire State Plaza, 17<sup>th</sup> Floor  
Albany, New York 12223  
Telephone: (518) 474-6114

## 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, 17<sup>th</sup> Floor  
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