NEW YORK STATE | Department of Veterans' Services

Application for Gold Star Family Annuity

New York State Veterans' Services Law Secton 26

Applicant's Full Name:

Last Name **First Name** **MI**

Applicant's Address:

Address 1

Address 2

City **State** **Zip Code**

Applicant's Telephone # **Applicant's Email Address** **Applicant's Social Security #**

Relationship to Deceased Veteran **If Yes, provide their name, address & social security #:**

Is any other individual eligible to receive this benefit? ☐ **Yes** ☐ **No**

Are you or any other eligible applicant currently incarcerated? Yes ☐ **No** ☐

Deceased Veteran's Full Name:

Last Name **First Name** **MI**

Deceased Veteran Information:

Date of Birth **S.S. or Service #** **Branch of Service** **Grade/Rank** **U.S. Dept. of Veterans Affairs File #**

Date of Death **Place of Death**

Include the following documentation with this application:

Report of Casualty

Proof of NYS Residency

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**

Send the completed application with documentation to:

NYS Department of Veterans' Services
c/o Gold Star Family Annuity
#2 Empire State Plaza, 17th Fl
Albany, N.Y. 12223