

Survivor Benefits Checklist

Name of Veteran: _____

SSN: _____

VA Claim No.: _____

A. Pertinent Information About Veteran:

Date of Death: _____

At: _____

Cause of Death: _____

Notified By: _____

Funeral Home: _____

Buried At: _____

Widow's Name: _____

Widow's Phone Number: _____

Contacted NMDVS VSO @ VARO Office for following information on Veteran: _____

a. Veteran Was Receiving: Compensation: __ Pension: __ Amount: \$ _____

b. If Veteran Was Receiving Compensation, Was Rated At: _____% Combined.

Service-Connected:

for: _____

for: _____

for: _____

for: _____

for: _____

Note: Refer to Attached Pages for List of VA & NM Benefits.