

Arizona Department Of Veterans' Services



Personal Information Packet For

Income Tax Returns _____ Other _____

Other _____ Other _____

FINANCIAL INFORMATION

Checking Account Location _____ Acct#: _____

Savings Account Location _____ Acct. # _____

Safe Deposit Box _____ Location of key

Other Assets (Stocks, Bonds, Securities, Savings Bonds, etc.)

I have the following life insurance policies:

Company _____ Policy # _____

Address _____ Phone _____

Company _____ Policy # _____

Address _____ Phone _____

MILITARY & VETERANS ADMINISTRATION (VA) INFORMATION

Date of Enlistment: _____ Place of Enlistment: _____

Branch: _____ Rank: _____ Service #: _____

Date of Discharge: _____ Place of Discharge: _____

Awards or Decorations: _____

I am receiving VA: Disability Compensation % _____ Pension amount \$ _____

My VA Power of Attorney is: _____ VA Claim # _____

Location of DD214 (Discharge) _____

Inform the VA or Power of Attorney of my death to avoid an overpayment 1 -800-827-1000

The mortuary will assist with arrangements with the National Veterans Cemetery and in obtaining the American Flag.

- I would like _____ to provide military honors. Call: _____
- Contact my VA power of attorney or the Arizona Department of Veterans Services to see if you are entitled to any benefits.
- Contact the Social Security Administration to advise them of my death to obtain benefits and avoid an overpayment.

Additional information or special instructions: _____

USE SEPARATE SHEET OF PAPER AND ATTACH IF MORE SPACENEEEDED

Names, addresses, and phone numbers of family and friends to be notified:

Date prepared: _____

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