



**VAL VERDE COUNTY VETERANS SERVICE OFFICE VVCVSO
GEORGE SOSA 830-774-7548 OR 830-774-7549**

**DEPENDENCY AND INDEMNITY COMPENSATION/DEATH PENSION OR
ACCRUED BENEFITS CLAIM INSTRUCTIONS**

_____ *Call the VVCVSO Secretary Gloria Sanzone to schedule an appointment and make arrangements to pick up claim forms package.*

Fill out all personal information on the following forms and bring them to your appointment.

_____ **VA FORM 21-534EZ (Claim)**

Certified Copy of DD214
Copy of Death Certificate
Copy of Marriage Certificate
Copies of Birth Certificates of Dependent Children If Applicable ages 0-23
Copy of Adoption Records for each Adopted child If Applicable ages 0-23
Direct Deposit Information (Routing number, your account number)

_____ **VA FORM 21P-8416 (Medical Expenses)**

List of All Medical Cost for Veterans and Survivor's at least the last 6 months
Medical Receipts (see form for instructions)

_____ **VA FORM 21P-530 (Burial Claim)**

Funeral Statements and Paid Receipts

_____ **VA FORM 21-2680 (Aid and Attendance / Housebound **If Applicable** VA)**

Fill out by the Physician only

OPTIONAL Download VA forms directly from this website www.va.gov

PLEASE NOTE: IF WE DO NOT HAVE ALL PERTINENT ITEMS LISTED ABOVE THIS WILL DELAY A DECISION ON YOUR CLAIM BY THE VA. THEY WILL SEND YOU LETTERS REQUESTING ADDITIONAL INFORMATION,
IF NOT RECEIVED, YOUR CLAIM WILL BE DECIDED BUT THE RESULTS MAY NOT BE IN YOUR FAVOR.