



REPUBLIC OF THE PHILIPPINES  
Department of National Defense  
**PHILIPPINE VETERANS AFFAIRS OFFICE**  
Camp General Emilio Aguinaldo, Quezon City

PICTURE OF  
SURVIVING  
SPOUSE  
(2" x 2")

**APPLICATION FOR DEATH PENSION  
(SURVIVING SPOUSE / GUARDIAN)**

(READ INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM)

FAMILY NAME	FIRST NAME	MIDDLE NAME	<i>(LEAVE THIS SPACE BLANK)</i>
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
HEIGHT (cm.):			
WEIGHT (kg.):			
BLOOD TYPE:		RELIGION:	CLAIM NO. :
PRESENT ADDRESS (No./St. Subd., Brgy./District, Municipality/City, Province, Zip Code)			RECEIVED BY:
			DATE :

PERMANENT ADDRESS (No./St. Subd., Brgy./District, Municipality/City, Province, Zip Code)

DATE OF BIRTH: PLACE OF BIRTH:  
DATE OF MARRIAGE: PLACE OF MARRIAGE:

UNMARRIED MINOR CHILDREN: (Attach additional sheet, if necessary) **Check all pertinent columns.**

FULL NAME	DATE OF BIRTH	LIVING	DECEASED	CLAIM NUMBER (Leave Blank)

LAST, FIRST & MIDDLE NAME OF DECEASED VETERAN: DATE OF BIRTH:  
PLACE OF BIRTH:

RANK SERIAL NO. MAJOR SERVICE: NATIONALITY:  
DATE OF ENLISTMENT: DATE OF DISCHARGE:  
LAST UNIT OF ASSIGNMENT:  
DATE OF DEATH: PLACE OF DEATH:  
CAUSE OF DEATH:

CATEGORY OF VETERAN: (CHECK PERTINENT ITEMS ONLY)

**WAR VETERAN**

- WWII Veteran  Korean (PEFTOK)  
 Vietnam (PHLCAG)  Philippine Scout

**POST-WAR VETERAN**

- AFP-Phil. Army (PA)  AFP-Phil. Air Force (PAF)  
 AFP-Phil. Navy (PN)  AFP-Phil. Constabulary (PC)

CERTIFICATION AND SIGNATURE: (READ CAREFULLY BEFORE SIGNING)

I HEREBY CERTIFY that:

- The foregoing entries and attached supporting documents are true and correct;
- I am the UNREMARIED surviving spouse of the deceased veteran;
- I have not filed a previous claim for Death Pension;
- I am fully aware of the consequences of committing fraud, in connection with this application; and
- I authorize PVAO to use my information and to access my/veteran's civil records with the **Philippine Statistics Authority (PSA)**, PhilPost, Local Civil Registrar and other government agencies.

In witness whereof, I have hereunto affixed my signature and thumbmarks this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

THUMBMARKS OF CLAIMANT	
LEFT	RIGHT

Signature : \_\_\_\_\_  
(Applicant)

Type of Government Issued ID: \_\_\_\_\_

ID No. : \_\_\_\_\_

Validity/Expiration Date : \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_, affiant exhibiting to me the Residence Certificate/ Passport/ Identification Card as indicated above.

Signature of Administering Officer:

Printed Name:

Official Designation:

(PLEASE PROVIDE OTHER INFORMATION AT THE BACK)

Issued by:  
Date :



Please provide the complete information needed.

### FAMILY INFORMATION

FULL NAME OF VETERAN'S MOTHER \_\_\_\_\_

FULL NAME OF VETERAN'S FATHER \_\_\_\_\_

FULL NAME OF SPOUSE'S MOTHER \_\_\_\_\_

FULL NAME OF SPOUSE'S FATHER \_\_\_\_\_

### CONTACT INFORMATION

LANDLINE NO. \_\_\_\_\_

CELLPHONE NO/S. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FACEBOOK USERNAME \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**\*\* PLEASE READ \*\***

### **DOCUMENTARY REQUIREMENTS**

1. **Proof of Military Service**
  - 1.1. For those who died while in Active Service:
    - a. Statement of Service (with signature over printed name of Liaison Officer and attached photocopy of ID)
    - b. Casualty Report
    - c. Declaration of Legal Beneficiaries
    - d. Line of Duty Status (for not Killed-In-Action only)
2. **Original/Certified True Copy of Registered Death Certificate of the veteran from LCR/PSA**
  - 2.1. Death Certificate of Spouses from previous marriages, if any
3. **Original/Certified True Copy of Registered Marriage Certificate** from LCR, PSA or National Archives of the Philippines
4. **Original copies of Advisory on Marriages** (CRS Form No. 5) CEMAR of **both** parties (veteran and spouse) from PSA
5. **Original Registered copy of Birth Certificate of minor children**
6. **Photocopy of two (2) valid IDs of claimant** (passport, driver's license, COMELEC ID, postal ID, GSIS/SSS ID, AFP ID or VMMC green card)
7. **2 pcs. 2x2 ID picture of claimant** (white background, no eyeglasses)

**For Muslim Claimants:** Late-registered Birth/Death/Marriage Certificates shall be supported with (a) Certificate issued by the Muslim Circuit Registrar concerned; and (b) in the absence of such, Sworn Statements of your Municipal Mayor, the Commanding Officer/ Comrades-in-arms of the veteran and of two (2) disinterested persons who have personal knowledge of the facts of birth/death/marriage will do.

**For Indigenous People:** Late-registered Birth/Death/Marriage Certificates shall be supported with (a) Certification duly-issued by the National Commission for Indigenous People (NCIP), or any evidentiary documents from their respective chieftains that will prove their fact of Birth.

### **IMPORTANT REMINDERS**

**In the absence of Death Certificate, the Original/Authenticated copy of any of the following will suffice:**

- a. Late Registration of death;
- b. In case of loss and/or destruction of registry record, a certification of non-availability of record from the custodian of public records (LCR) to this effect and affidavit of two disinterested persons preferably those who witness the death of the veteran;

**In the absence of a Marriage Contract, the Original/Authenticated copy of the following will suffice:**

- a. Joint Affidavit of two (2) disinterested persons who has a first-hand knowledge/ witnessed the marriage; and
- b. Original/Certified copy of the Marriage Certificate issued by the custodian of the Parish Church;
- c. Birth certificate of at least two (2) children, if applicable wherein the date and place of marriage of the parents are indicated

**In the absence of a Birth Certificate, the Original/Authenticated copy of the following**

- a. Late Registered Birth Certificate which shall be supported with any TWO (2) of the following documentary evidences which may show the name of the child, date and place of birth, and the names of parents: (a) Baptismal Certificate; (b) School records; (c) Income Tax of Parent/s or insurance policy; (d) Medical Records; (e) Passport; or (f) Veterans ID;
- b. Certification of Non-availability of Record from the Local Civil Registrar (LCR) and Affidavit of Two (2) disinterested persons who might have witnessed or have known about the birth of the child; and a sworn statement of the present whereabouts of the mother, if the person seeking late registration of an illegitimate child is not the mother;

1. This application form is **NOT FOR SALE**. It is provided **FREE** by the Philippine Veterans Affairs Office (PVAO). Do not reproduce, sell or buy this form. Only the authorize official form will be accepted by PVAO for processing;
2. The state of death of the deceased must be **'killed in action' – KIA or IN LINE OF DUTY** status or death was due/caused by service connected disability incurred
3. All documents must be either **original or authenticated** by the office which issued the same. We do not honor photocopies;
4. **PRINT ALL ENTRIES.** The accomplished application form may be subscribed and sworn to before anyone authorized to administer oath; or before a PVAO Field Extension Service Officer\ PVAO Administering Officer at **no cost** to the applicant;
5. Attach the above mentioned documentary requirements to this application form. The applicant should affix his/her signature at the back of each document submitted;
6. Submit the accomplished application form with the required documents to PVAO Main Office or to any PVAO Field Service Extension Office where it will be assigned a claim number. An acknowledgement slip/stub will be returned to you as your proof of filing;
7. Do not pay any amount to any person in connection with the filing of this application; and
8. **PVAO Pensioner's ID will be issued upon request after receiving your first monthly pension.**