



U. S. Department of State  
Foreign Service Retirement System  
**APPLICATION FOR DEATH BENEFITS**

**IMPORTANT** - To secure all possible benefits and to avoid delay:  
 1. Read carefully the "Information for the Applicant" on the reverse of this sheet;  
 2. Complete application in full;  
 3. If answer to any question is "no" or "none" so state;  
 4. Type or print in ink.

**A. PERSONAL INFORMATION CONCERNING THE DECEASED**

1. Name of the Deceased ( <i>Last, First, MI</i> )		2. Date of Birth ( <i>mm-dd-yyyy</i> )	3. Date of Death ( <i>mm-dd-yyyy</i> )
4. Domicile ( <i>Legal residence at time of death - City and State</i> )	5. Give Name of Each Spouse ( <i>Include all Former Marriages</i> )	6. How was Marriage Terminated? ( <i>Check one in each case</i> )	
		<input type="checkbox"/> Death	<input type="checkbox"/> Divorce
8. How Many Times was Deceased Married?		7. Date Marriage was Terminated? ( <i>mm-dd-yyyy</i> )	
		<input type="checkbox"/> Death	<input type="checkbox"/> Divorce
		<input type="checkbox"/> Death	<input type="checkbox"/> Divorce

**B. INFORMATION CONCERNING CIVILIAN AND MILITARY SERVICE OF THE DECEASED**

1. Department or Agency in which Last Employed ( <i>Check One</i> ) <input type="checkbox"/> U. S. Department of State <input type="checkbox"/> Other Agency		2. Date of Final Separation ( <i>mm-dd-yyyy</i> )			
3. Was Deceased Retired and Receiving Foreign Service Annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Did Deceased Have a Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. If Answer to Item 4 is "Yes", Give Deceased's Social Security Number			
6. If Deceased Had Active Honorable Service in the Army, Navy, Marine Corps, Air Force, or Coast Guard of The United States, Complete the following Schedule, Preferably from his Discharge Certificate, or to the Best of your Ability.					
BRANCH OF SERVICE	SERIAL NO.	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION ON ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE ( <i>Div., Regiment, Co., etc.</i> )

**C. INFORMATION CONCERNING THE APPLICANT**

1. Your Name ( <i>Last, First, MI</i> )	2. Your Relationship To The Deceased	3. Your Date of Birth ( <i>mm-dd-yyyy</i> )
---	--------------------------------------	---

*Fill in items 4 through 16 if you are the widow or widower of the deceased*

4. Date of Marriage ( <i>mm-dd-yyyy</i> )	5. Place of Marriage ( <i>City and State</i> )	6. Marriage was Performed By <input type="checkbox"/> Clergyman or Justice of The Peace <input type="checkbox"/> Other ( <i>Specify</i> ) _____	7. Were You Living with Deceased at Time of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Were You Ever Divorced From Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Give Name of Each Spouse ( <i>Include all Former Marriages</i> )	11. How was Marriage Terminated? ( <i>Check one in each case</i> )		13. Do You Have a SSN Account? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Death	<input type="checkbox"/> Divorce	14. If Answer to Item 13 is "Yes" Give Your Number
9. How Many Times were You Married?		<input type="checkbox"/> Death	<input type="checkbox"/> Divorce	
15. Are you now receiving or have you applied for a survivor annuity based on the Federal Service of a deceased spouse other than the one named above in item A.1? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. If answer to Item 15 is "Yes", Complete the Following		
		Name of Deceased Former Spouse		His or Her Birth Date ( <i>mm-dd-yyyy</i> )
		Retirement System Administering Benefits ( <i>For Example "Civil Service"</i> )		

**D. INFORMATION CONCERNING THE ESTATE OF THE DECEASED**

1. If an Executor or Administrator has been Appointed by the Court to settle the Estate of the Deceased, Give name and Address of the Executor or a Administrator.		2. If an Executor or Administrator has not been Appointed, will one be Appointed?	
NAME	ADDRESS	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**E. INFORMATION CONCERNING DEPENDENT CHILDREN OF THE DECEASED**

1. List Below All Surviving unmarried Children of the Deceased Who were Under Age 18 at the Time of His or Her Death, Include Legally Adopted Children, Stepchildren, and Illegitimate Children, and Indicate After Their Names that they are Adopted, Illegitimate, or Step-Children. Include also any Unmarried Child over 18 who Became Disable Before Age 18 and Who, Because of the Disability, is Incapable of Self-Support. Attach a Separate Sheet Giving Full Particulars about the Disability. Unmarried Children Between the Ages of 18 and 22 who are Full Time Students should also be Included.

Full Name of Child	Date of Birth <i>(mm-dd-yyyy)</i>	Did Child Receive More Than One Half His Support From Deceased?	Name and Address of Person who now has the Child and His or Her Relationship to the Child
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. If any Stepchild or Illegitimate Child Listed Above was not Living with the Deceased at the Time of His or Her Death, Give Name of Child and Explain Briefly why They were Living Apart.

3. Is There an Unborn Child of the Deceased?

Yes  No

4. If a Guardian has been Appointed by the Court for any of the Children Listed Above, Give Guardian's Name and Address

5. If a Guardian has not been Appointed, will one be Appointed?

Yes  No

**F. INFORMATION CONCERNING NON-DEPENDENT CHILDREN AND OTHER RELATIVE OF THE DECEASED**

- List Below the Name, Age, etc. of the Deceased's Widow or Widower.
- If no Widow or Widower Survives, List all Children of the Deceased not Named in Item E, and the Descendants of any Deceased Child or Children.
- If there are no Children or Descendants of Deceased Children, List the Parents, Brothers, and Sisters, and Descendants of any Deceased Brothers and Sisters. (Indicate Whether the Brothers and Sisters are of Whole or Half Blood when both Degrees of Kinship are involved.)
- If there are no survivors within the Degrees Indicated in 1, 2, and 3, List the Heirs who can Inherit from the Deceased.

Name	Age	Relationship to Deceased	Address

**G. CERTIFICATION**

**WARNING - Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)**

I hereby certify that all statements made in this application are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.

**NOTICE**

**Forward application to the U.S. Department of State, Bureau of Human Resources, (HR/RET), SA-1 Room H-620, Washington, DC 20522-0108**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date *(mm-dd-yyyy)*

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**INFORMATION FOR THE APPLICANT**

**EVIDENCE REQUIRED**

There must be submitted with this application a certified copy of the public record showing the death of the employee or annuitant. Failure to submit death certificate will delay settlement of claim.

You will be advised if it becomes necessary to submit additional evidence.

**IF ASSISTANCE IS NEEDED**

If you need assistance in completing this application, contact the personnel office of the U.S. Department of State or Office of Personnel and Manpower, USAID, Washington, DC.

**FINAL DETERMINATIONS**

Upon receipt of this application, the U.S. Department of State will determine what benefits, if any, are payable, the amount of such benefits, and to whom they are payable. The Department will inform the applicant of the final determination.

**PRIVACY ACT STATEMENT**

Disclosure by you of your Social Security Number (SSN) and other personal information mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Department of State is authorized under provision of Executive Order 9397, dated November 22, 1943.

The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates and where identities can only be distinguished by the SSN.