

SECTION IV: CHANGE IN CHILD(REN)'S STATUS (CONTINUED)

11A. CHILD'S NAME

11B. HOW STATUS CHANGED

<input type="radio"/> DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):	-	-
<input type="radio"/> MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):	-	-
<input type="radio"/> ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):	-	-

NOTE: Do not fill in the next circle if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.

<input type="radio"/> STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):	-	-
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12A. CHILD'S NAME

12B. HOW STATUS CHANGED

<input type="radio"/> DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):	-	-
<input type="radio"/> MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):	-	-
<input type="radio"/> ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):	-	-

NOTE: Do not fill in the next circle if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.

<input type="radio"/> STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):	-	-
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13A. CHILD'S NAME

13B. HOW STATUS CHANGED

<input type="radio"/> DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):	-	-
<input type="radio"/> MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):	-	-
<input type="radio"/> ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):	-	-

NOTE: Do not fill in the next circle if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.

<input type="radio"/> STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):	-	-
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SECTION V: CERTIFICATION AND SIGNATURE

I HEREBY CERTIFY THAT the information I have given on this form is true and correct to the best of my knowledge and belief.

14A. SIGNATURE OF VETERAN (REQUIRED)	14B. DATE SIGNED (MM/DD/YYYY)	-	-
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PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. You must give us your and your dependents SSN account information. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine continued eligibility for an additional allowance for your spouse and/or child(ren). 38 U.S.C. 1115, Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet page at www.reginfo.gov/public/do/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.