

VETERANS ADMINISTRATION  
**REQUEST FOR INFORMATION - INSURANCE DEATH CLAIM**

CLAIM NO.  
 XC- 10 086 632

LAST NAME - FIRST NAME - MIDDLE NAME OF INSURED: **LEWIS, William David**  
 NAME OF PRINCIPAL BENEFICIARY: **June Lewis**  
 DATE NAMED PRINCIPAL BENEFICIARY: **10-23-57**

Our insurance records show you were named principal beneficiary on the insurance as follows.

AMOUNT OF INSURANCE	POLICY NO.	OUTSTANDING INDEBTEDNESS	CONTINGENT BENEFICIARY
\$ 10,000	V 1005 21 95	\$	

So that action may be taken to pay the insurance, please send as soon as possible ONLY the evidence checked below: (PLEASE DO NOT DUPLICATE ANY EVIDENCE ALREADY SENT.)

- 1. Your claim on the enclosed VA Form 21-4125. Complete Part I, date and sign the form.
- 2. A certified copy of the public record of death of the insured, unless the insured died while on active duty with the Armed Forces or in a VA hospital.
- 3. Your choice of a method of payment on the enclosed form(s) checked below:
  - 8-669
  - VB8-150la
  - VB8-150lb
  - 21-150lc

THE FOLLOWING OPTIONS OF PAYMENT ARE AVAILABLE			
POLICY NO.	OPTION	POLICY NO.	OPTION
V 1005 21 95	1, 2, 3, 4		

IF YOU CHOOSE OPTION 3 OR 4, YOU MUST SUBMIT PROOF OF YOUR AGE AS SHOWN BELOW.

Evidence to establish your age should consist of a certified copy of the public record of birth or the church record of baptism showing your name, date of birth, and names of parents, the certification to be made by the custodian of such records. If neither of these records is obtainable there should be submitted one of the following types of evidence in the following order of preference:

- (1) An affidavit by physician or midwife in attendance at birth.
- (2) Copy of Bible or other family record certified to by a notary public or other officer with authority to administer oaths for general purposes, who should state in what year the Bible or other book in which the record appears was printed, whether the record bears any erasures or other marks of alteration, and whether from the appearance of the writing he believes the entries to have been made recently or at the time reputed.

(3) Affidavits of two or more persons, preferably disinterested, who shall state their ages, your name, date and place of your birth, and that to their knowledge you are the child of (naming the parents), and stating the source of their knowledge.

(4) Other evidence, such as: Census records, original baptismal records, hospital records, insurance policies, school, employment, immigration, or naturalization records.

All affidavits should be made before a notary public or some other official authorized to administer oaths for general purposes, whose official seal must be shown, or before a properly designated employee of the Veterans Administration. Persons making affidavits should state their ages, post office addresses, and means of knowledge of the facts to which they testify.

REMARKS

SEND ALL FORMS, EVIDENCE AND CORRESPONDENCE TO THE OFFICE CHECKED

Veterans Administration Regional Office

Veterans Benefits Office  
 Munitions Building  
 Washington 25, D.C.