



I have/have not applied for and/or received a bonus or similar payment from another state on account of my service.

If 'have,' from what state? \_\_\_\_\_

For World War II Compensation, show total active service from September 16, 1940 to September 2, 1945.

ACTIVE DOMESTIC SERVICE (EXCLUDING ALASKA)

ACTIVE FOREIGN SERVICE (INCLUDING ALASKA)

Months \_\_\_\_\_ Days \_\_\_\_\_

Months \_\_\_\_\_ Days \_\_\_\_\_

I hereby certify that the preceding statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Telephone Number)

**Do not write below this line**

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**SECTIONS BELOW FOR ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS USE ONLY**

CLAIM NO. \_\_\_\_\_

I hereby certify that this claim has been examined and is hereby certified for payment of \$\_\_\_\_\_ for service in the Armed Forces of the United States, as provided by the Illinois Veteran's Compensation Act.

\_\_\_\_\_

Examination by: \_\_\_\_\_

Verified by: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Director)

By: \_\_\_\_\_

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(WW II VETERANS ONLY)

ACTIVE DOMESTIC SERVICE

ACTIVE FOREIGN SERVICE

Months of Service \_\_\_\_\_

Months of Service \_\_\_\_\_

Days of Service \_\_\_\_\_

Days of Service \_\_\_\_\_

Amount Due \_\_\_\_\_

Amount Due \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

Examined by: \_\_\_\_\_

Date: \_\_\_\_\_

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**APPLICATION PROCEDURE**

1. Complete the application.
2. Submit a photocopy of veteran's separation(s) or discharge(s).
3. Mail completed application to:  
Illinois Department of Veterans' Affairs  
P.O. Box 19432  
833 S. Spring Street  
Springfield, Illinois 62794-9432