

Certificate of Eligibility (Former Spouse)

Claimant Name:	
Claimant SSN:	
Payment address. (if EFT)	RTN: Routing Number
Payment address (If EFT)	Account Number:
(If EFT) Select Account type	Checking      Savings
Home address, Street	
Home address, Street (opt)	
Home address City	
Home address State	
Home address Zip	
Military Retiree SSN	
Claimant Signature and date signed:	
Notary Public's Signature and date signed:	
Seal of Notary Public:	