

Date: [Insert Date]

TO: Department of Veterans Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

RE: Letter of Representation for Veteran Survivor Benefits

Veteran Information:

Name: [Full Name of Deceased Veteran]
SSN: [Veteran's Social Security Number]
VA File Number: [VA File Number, if known]

Claimant Information:

Name: [Full Name of Survivor/Claimant]
Relationship to Veteran: [e.g., Surviving Spouse, Child]
Address: [Full Mailing Address]
Phone Number: [Phone Number]

To Whom It May Concern,

I, [Survivor Name], am writing to formally notify the Department of Veterans Affairs that I have appointed [Name of Representative/Organization] to act as my representative in my claim for survivor benefits, including but not limited to [Dependency and Indemnity Compensation (DIC) / Survivors Pension / Burial Benefits].

Enclosed please find the completed VA Form 21-22 (Appointment of Veterans Service Organization as Claimant's Representative) or VA Form 21-22a (Appointment of Individual as Claimant's Representative).

Please direct all future correspondence, notices, and decisions regarding this claim to my representative at the following address:

[Representative Name]
[Representative Address]
[Representative Phone Number]
[Representative Email]

Thank you for your assistance in this matter.

Sincerely,

[Signature of Claimant]

[Printed Name of Claimant]