



Please print or type and mail (or fax to: 1-866-259-6590) the completed form:

1	<hr/> Name and Phone Number of Dependant Applying for Assistance Relationship to Member <hr/> Street Address <hr/> City State Zip Code
2	<hr/> Name and Rank of Service Member Last 4 of Members Social Security Number <hr/> Unit Name and Address <hr/> Unit Family Readiness Officer, Chaplin or Commanding Officer's Rank, Name and Phone Number with Area Code <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard
3	Duty Station Served During the Members Loss: Country _____ Unit Assigned To _____ Overseas Address _____
4	Surviving Dependents Name, Age, Gender and Relationship to Member: (if additional space is required please attach another sheet) (1) _____ (2) _____ (3) _____ (4) _____
5	(A) Have you been contacted by the Veterans Administration or any veteran group concerning the loss of your loved one? ___ Yes or ___ No if Yes what type of assistance has been received and what assistance has been applied for: _____ _____ _____ (B) <hr/> Name and Phone Number of Local Representative:
6	Based on Your Current Situation How Can NFHF best be of service to you:
7	Best way for you to be contacted concerning your application for assistance: Time of Day _____ Month _____ Day _____ Year _____ Phone Number with Area Code _____ Email Address _____ Contact Address if different from above _____
8	_____ (Signature of Applicant) _____ (Date)