



**ZAVALA COUNTY VETERANS SERVICE OFFICE ZCVSO  
PABLO AGUILLON 830-374-3810 OR 830-854-7090**

**DEPENDENCY AND INDEMNITY COMPENSATION/DEATH PENSION OR  
ACCRUED BENEFITS CLAIM INSTRUCTIONS**

       *Call the ZCVSO to schedule an appointment and make arrangements to pick up claim forms package.*

**Fill out all personal information on the following forms and bring them to your appointment.**

       **VA FORM 21-534EZ (Claim)**

Certified Copy of DD214  
Copy of Death Certificate  
Copy of Marriage Certificate  
Copies of Birth Certificates of Dependent Children If Applicable ages 0-23  
Copy of Adoption Records for each Adopted child If Applicable ages 0-23  
Direct Deposit Information (Routing number, your account number)

       **VA FORM 21P-8416 (Medical Expenses)**

List of All Medical Cost for Veterans and Survivor's at least the last 6 months  
Medical Receipts (see form for instructions)

       **VA FORM 21P-530 (Burial Claim)**

Funeral Statements and Paid Receipts

       **VA FORM 21-2680 (Aid and Attendance / Housebound **If Applicable** VA)**

Fill out by the Physician only

***OPTIONAL Download VA forms directly from this website [www.va.gov](http://www.va.gov)***

**PLEASE NOTE:** IF WE DO NOT HAVE ALL PERTINENT ITEMS LISTED ABOVE THIS WILL DELAY A DECISION ON YOUR CLAIM BY THE VA. THEY WILL SEND YOU LETTERS REQUESTING ADDITIONAL INFORMATION,

**IF NOT RECEIVED,** YOUR CLAIM WILL BE DECIDED BUT THE RESULTS MAY NOT BE IN YOUR FAVOR.