

# AFFIDAVIT

(Arkansas Code 26-3-306)

I do hereby certify that I am the surviving spouse of a veteran or active duty member, who **(check those that apply)**:

- At time of death was receiving special monthly compensation for loss or loss of use of one (1) or more limbs or total blindness in one (1) or both eyes.
- At time of death was rated service connected (100%) total and permanent disability.
- Is a member of the United States Armed Forces who is missing in action.
- Was killed on active duty while within the scope of military duties or died while within the scope of military duties.
- Died of service connected causes as certified by the Veterans Administration

AND:

- I have remained unmarried since the death of the veteran/active duty member/MIA.

\_\_\_\_\_  
(Signature of surviving spouse)

Phone Number \_\_\_\_\_

Witnessed by Notary:

State of Arkansas  
County of Pulaski

Subscribed and sworn to before me, a Notary Public,  
this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public