



Request to the Repatriation Commission for a determination for cause of death to be assessed as war related – for the purpose of seeking eligibility for official commemoration by the Office of Australian War Graves

The information sought on this form is required to assess eligibility for a benefit under the *Veterans' Entitlement Act 1986*.
A request can be made by; a family member; an executor; a burial rites holder; an historian/researcher; or an interested party.
If you have a death certificate, please attach it to this application to expedite this application process.

Note: If the veteran was an ex-Prisoner of War, or was receiving a disability pension at the Special Rate (TPI), Temporary Special Rate (TTI), Intermediate Rate (IR) or the Extreme Disablement Adjustment (EDA) at the time of death, you should contact the Department of Veterans' Affairs (DVA) for advice before proceeding to complete this form, as a formal claim may not be required to do so.

Repatriation Medical Authority and Statement of Principles

Your claim will be decided using current medical evidence and Statements of Principles (if issued), for the cause(s) of death you have claimed as being war related.

Statements of Principles consist of up-to-date, world-wide medical information and opinion on the causes of death for which they are issued. Statements of Principles are issued by the Repatriation Medical Authority. Where the cause of death is covered by a Statement of Principle, it is binding on all parties.

If the cause of the veteran's death is not covered in the Statements of Principles, the claim will be determined on the basis of the best medical and scientific information and opinion available.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*.

The personal information requested on this form is collected by DVA. DVA is collecting this information in order to process your claim and to deliver government programs related to war veterans, ADF and AFP personnel, and their dependants.

DVA will only use your personal information for these purposes. DVA may disclose your personal information to another agency for these purposes. If DVA seeks to disclose your personal information for another purpose we will seek your consent, unless we are legally not required.

For further information about how DVA handles your personal information, please see the DVA Privacy Policy located at <https://www.dva.gov.au/privacy-policy>.

If you have any questions about how DVA handles your personal information, please contact:

Privacy Officer
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001
Email: privacy.enquiries@dva.gov.au
Telephone: 1800 555 254

Applicant details

1 Applicant's name	Surname	<input type="text"/>		
	Given name(s)	<input type="text"/>		
2 Organisation (if applicable)	<input type="text"/>			
3 Relationship to deceased	<input type="text"/>			
4 Address	<input type="text"/>			Postcode
				<input type="text"/>
5 Telephone numbers (including area code if applicable)	Home	<input type="text"/>	Work	<input type="text"/>
	Mobile	<input type="text"/>		
6 Email address	<input type="text"/>			
7 Permission/Authority to alter grave/commemoration				
Family/Burial rites holder?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> ► Provide details and a copy of the permission/authority.
Cemetery Authority?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> ► Provide details and a copy of the permission/authority.

Deceased veteran's details

IMPORTANT: If you have a death certificate, please attach it to this application to expedite this application process.

8 DVA file number (if known)	<input type="text"/>			
9 Veteran's name	Surname	<input type="text"/>		
	Given name(s)	<input type="text"/>		
10 Date of birth (dd/mm/yyyy)	<input type="text"/>			
11 Date of death (dd/mm/yyyy)	<input type="text"/>			
12 Place of death	<input type="text"/>			
13 Service number	<input type="text"/>			
14 Conflict	<input type="text"/>			
15 Rank	<input type="text"/>			
16 Unit	<input type="text"/>			
17 Cause(s) of death	<input type="text"/>			

Additional supporting information

18 Give details of any additional supporting information such as medical documentation, service records, anecdotal information from family.

How do you believe the veteran's war service caused or contributed to his or her death?

If there is insufficient space, please attach a separate sheet.

After completing this form, please sign below and submit via post or email to:

Deputy Commissioner
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001


Email: compensation.claims@dva.gov.au

Declaration

19 I declare and acknowledge the following:

- The details I have given in this request are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this request.
- I consent to the release of the veteran's medical, clinical or other information to the Department by any medical practitioner, hospital, clinic, insurance company, the Department of Defence or other organisation, in relation to this request or its review.

Applicant's
signature



Date (dd/mm/yyyy)