



**REPUBLIC OF THE PHILIPPINES**

**CITY MAYOR'S OFFICE**

**OFFICE FOR SENIOR CITIZENS AFFAIRS**

**COMMITTEE ON VETERANS BURIAL ASSISTANCE**

CITY OF DAVAO

**Main Office** Agton Street, Toril, Davao City, Davao Del Sur  
(OSCA bldg.) Tel. No.: 272 4029

**(SP bldg.)** Tel. No.: 241-1000 Loc. 394-395



**DAVAO CITY VETERAN'S WELFARE AND  
BENEFITS PROGRAM APPLICATION FORM**

Fill out all the required information. Do not leave an item blank. If item is not applicable, indicate "N/A".

- Requirements:**
1. Death Certificate ☹️ Certified True Copy
  2. Certification from Veterans Affairs Office (PVAO) of Davao City, that such person is a veteran.
  3. CVAO Certification or Barangay Certificate, to prove that the deceased was a resident of Davao City for at least 5 years, counted from the time of his death.
  4. Recent 2 PCS 2"x2" ID Picture (w/Collar) Claimant
  5. Valid ID of Claimant

LAST, FIRST & MIDDLE NAME OF APPLICANT		(To be filled up by the Burial Assistance Staff)	
COMPLETE ADDRESS		Control No.	
Contact No.		Received by :	
RELATIONSHIP OF APPLICANT TO THE DECEASED VETERAN		Date :	
LAST, FIRST NAME OF DECEASED VETERAN		VERY IMPORTANT <input type="checkbox"/> Veteran of Military Campaign/Post War <input type="checkbox"/> Veteran is a resident of Davao City <input type="checkbox"/> Veteran is a WWII/KOREAN Veteran	
RANK	SERIAL NO.	MAJOR SERVICE	NATIONALITY
DATE OF DISCHARGE		LAST UNIT OF ASSIGNMENT	
DATE OF DEATH		PLACE OF DEATH	
CATEGORY OF VETERAN (CHECK PERTINENT ITEMS ONLY)			
<input type="checkbox"/> USAFFE <input type="checkbox"/> WWII-Recognized Guerilla <input type="checkbox"/> Veteran of Military Campaign/ Post War <input type="checkbox"/> Korean Campaign (PEFTOK)			

**CERTIFICATION AND SIGNATURE (READ CAREFULLY BEFORE SIGNING)**

I HEREBY CERTIFY THAT:

1. The foregoing entries and attached supporting documents are true and correct.
2. I am fully aware of the consequences of committing fraud in connection with this application.
3. I could be charged for perjury for any false statements herein.

IN WITNESS WHEREOF, I have hereunto affixed my signature and thumb marks this day \_\_\_\_ of \_\_\_\_\_ 202\_\_.

THUMBMARKS OF CLAIMANTS	

Signature \_\_\_\_\_  
 Res. Cert No. \_\_\_\_\_  
 Place of Issue \_\_\_\_\_  
 Date of Issue \_\_\_\_\_

Approved by:  
**LUIS R. MORAN**  
 OSCA HEAD

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_ 202\_\_ at \_\_\_\_\_ affiant exhibiting to me the Community Tax Certificate No./Passport/ Identification Card indicated above

Signature of Administering Officer  
 Printed Name and Signature  
 Official Designation

