

SECTION C. SURVIVOR OF ELIGIBLE PERSON WITH HIV

This section is required of all survivors

Check the instructions for Section C.

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

SURVIVORSHIP (check one):

I am filing the petition as a survivor of the individual in Section A –OR –

I am filing the petition as a survivor of the person in Section B

NATURE OF THE SURVIVOR’S RELATIONSHIP TO THE INDIVIDUAL IN SECTION A OR THE PERSON IN SECTION B (check one):

Lawful husband or wife at the time of the person’s death, and I attest, to the best of my knowledge, that the person with HIV and I were married according to the laws of the place where the person with HIV and I resided at the time of his/her death

Child or stepchild and there is no surviving spouse

Parent and there is no surviving spouse or surviving children

SURVIVING CHILDREN AND PARENTS MUST CHECK THE APPROPRIATE BOX (check one):

To the best of my knowledge, there are no other survivors who are eligible for payment under the Act (i.e., for child survivors, there is no eligible surviving spouse and no other surviving children; for parent survivors, there are no eligible surviving spouses, surviving children, or other surviving parent);

There are other survivors who are eligible for payment under the Act. I am providing all of their full names and their relationship to the person we survived.

If this box is checked, list survivors:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

(If you need more space, add another page listing all of the eligible survivors as described above.)

AMENDMENT TO A PREVIOUSLY SUBMITTED PETITION

Use only if the following applies to you. If so, check the box and provide the name requested.

- If you are a survivor of an individual who has already submitted a petition, but who died before receiving a compassionate payment, please check the box below and fill in the name of that deceased person.
- If another survivor filed a petition or an amendment to a previously submitted petition, but then died before receiving a payment, check the box below and fill in the name of that deceased person.
- If the original petition was filed by multiple surviving children or parents and any of those survivors has died, check the box below and fill in the name of the survivor who filed the previous petition.

I am amending the petition previously submitted by _____.