



Illinois Court of Claims
 Office of the Secretary of State
 630 S. College St., Springfield, IL 62756

Illinois National Guardsmen's and Naval Militiamen's Compensation Act Form

Pursuant to provisions of the Illinois National Guardsmen's and Navel Militiamen's Compensation Act, application is hereby made for payment of benefits to the death of:

1. Name of Illinois National Guard or Navy Militia Member: _____
2. Address at Death: _____
3. Date of Death: _____
4. Date of Injury Resulting in Death: _____
5. Unit Address: _____

6. Rank and assignment in which decedent was serving at time of death or at time of injury resulting in death:

7. Social Security Number: _____

8. Name(s), Address(es) and Social Security Numbers of all beneficiaries designated by decedent for receipt of benefits.

Name	Address	Social Security Number	\$ amount or % share

9. (If no beneficiary designation) Name and Address of personal representative of decedent's estate (administrator, executor), Date of Appointment, Court Appointing and Probate File Number:

10. (If no beneficiary designation) Names and Addresses of decedent's heirs or next-of-kin:

11. Statement of circumstances resulting in or the events causing the death of the Illinois National Guard or Navy Militia Member (newspaper accounts, death certificate, coroner's certificate or other documentation may be attached, if available):

(If more space is needed, please attach additional sheets.)