**To: Buffalo Regional Processing Office**

 **PO Box 4616**

 **Buffalo NY 14240-4616**

**Re: Montgomery GI Bill / Veterans Educational Assistance Program - Death Contribution Refund**

**Attachment: DD Form 1300 (Report of Casualty)**

**Email To:** **MGIBRefund.VBABUF@VA.gov**

**Fax: 716-857-3296**

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**Veteran Information**

**Name of Deceased Service Member:**

**Social Security Number of Deceased Service Member:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Beneficiary Information**

**Name:**

**Relation to Deceased:**

**Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Beneficiary’s Signature and Date**