

**VIRGINIA TECH VICTIM ASSISTANCE PROGRAM
CLAIM FORM – FOR DECEASED VICTIMS**

DEADLINE FOR SUBMISSION OF THIS FORM IS SEPTEMBER 15, 2007

To assist us in responding to your claim as soon as possible, please help us by completing the information requested in the form below. If you need assistance in completing this form, please call or email Kathy Sanders (kathys@vt.edu) or Patti Smith (smithpa@vt.edu) at (540) 231-4142.

SECTION 1. VICTIM INFORMATION

First Name:	M.I.:	Last Name:	
Victim was a:	<input type="checkbox"/> a Student	<input type="checkbox"/> a Faculty Member	<input type="checkbox"/> Other _____
SSN Number:	/	/	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
No. of Children:			
Child's Name:			
Child's Name:			
Child's Name:			

SECTION 2. VICTIM'S LOCATION ON APRIL 16, 2007

Victim was at Norris Hall on April 16, 2007	Yes <input type="checkbox"/> No <input type="checkbox"/>
Victim was at West Ambler Johnston Hall on April 16, 2007	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 3. CLAIMANT No. 1 INFORMATION

Relationship to Victim:

If Parent is the Claimant – both Parents must sign the form below. If both signatures cannot be obtained, please explain why:

First Name:	M.I.:	Last Name:
SSN Number:		
Street Address:		
City:	State:	Zip Code:
Telephone Number (Day):	Telephone Number (Evening/Cell):	

SECTION 4. CLAIMANT No. 2 INFORMATION

Relationship to Victim:

First Name:

M.I.:

Last Name:

SSN Number:

Street Address:

City:

State:

Zip Code:

Telephone Number (Day):

Telephone Number (Evening/Cell):

SECTION 5. SUPPORTING DOCUMENTATION

Proof of relationship to the Victim (such as birth certificate(s) and/or marriage certificate) attached:

Yes No

Other Documentation (Describe Below) Attached:

Yes No **SECTION 6. METHOD OF PAYMENT**

- Please mail a Check to Claimant(s) at address shown in Section 3 above in the amount of \$_____.
- Please make a Direct Deposit/Electronic Funds Transfer into the account of the Claimant(s) named in Section 3 above in the amount of \$_____. Please attach to this form a copy of a voided check for that account.
- Deposit \$_____ in a Scholarship Fund in the Virginia Tech Foundation in the Name of the Victim.
- Other:

Name on Account –
Claimant No. 1:

Account No.:

Checking: Money Market: Savings: Other:

ABA Routing No.:

Name of Financial Institution:

Name of Bank Contact:

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

Home Telephone No. (Day):

Telephone No. (Evening/Cell):

Name on Account – Claimant No. 2:			
Account No.:			
Checking: <input type="checkbox"/>	Money Market: <input type="checkbox"/>	Savings: <input type="checkbox"/>	Other: <input type="checkbox"/>
ABA Routing No.:			
Name of Financial Institution:			
Name of Bank Contact:			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Home Telephone No. (Day):		Telephone No. (Evening/Cell):	

SECTION 7. SIGNATURES AND NOTARIZATIONS

SIGNATURE OF CLAIMANT NO. 1	
I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.	
SIGNATURE OF CLAIMANT:	DATE:

Notary Statement (Required)	
State of:	County of:
The foregoing instrument was subscribed and sworn before me this ___ day of _____, 2007, by _____.	
My Commission Expires:	
Affix Notary Seal Here	

SIGNATURE OF NOTARY (REQUIRED):	DATE:
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SIGNATURE OF CLAIMANT NO. 2 (If Applicable):

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

SIGNATURE OF CLAIMANT:

DATE:

Notary Statement (Required)

State of:

County of:

The foregoing instrument was subscribed and sworn before me this ___ day of _____, 2007, by

My Commission Expires:

Affix Notary Seal Here

SIGNATURE OF NOTARY (Required):

DATE:

Return Claim Form to:

**HSMF FUND ADMINISTRATOR
c/o Kathy Sanders, Virginia Tech University
321 Burruss Hall (0191)
Blacksburg, VA 24061**