



September 11th
Victim Compensation Fund

OMB 1105-0092

Decedent's SSN or National ID Number

Decedent's SSN or National ID Number

Personal Representative's SSN or National ID Number

Personal Representative's SSN or National ID Number

PART XI. CERTIFICATION FOR COMPENSATION FORM

A. PRIVACY ACT NOTICE

The U.S. Department of Justice is authorized to collect this information by the September 11th Victim Compensation Fund of 2001, Title IV of Public Law 107-42, Air Transportation Safety and System Stabilization Act, 49 U.S.C. § 40101 note, as amended by the James Zadroga 9/11 Health and Compensation Act of 2010, Title II of Public Law 111-347. The information you submit in your claim is for official use by the U.S. Department of Justice for the purposes of determining your eligibility for and the amount of compensation you may receive under your claim to the Victim Compensation Fund. Provision of this information is voluntary; however, failure to provide complete information may result in a delay in processing or a denial of your claim. Information you submit regarding your claim may be disclosed by the Government only in accordance with the provisions of the Privacy Act.

I Authorize the U.S. Department of Justice to disclose any records or information relating to my Victim Compensation Fund claim for the purpose of determining qualification and/or compensation of my claim to: agency contractors assisting in the administration of the Victim Compensation Fund; other federal, state, or local agencies, including the U.S. Department of Treasury and NIOSH; and other individuals or entities having information related to the claim, such as physicians, medical service providers, insurers, and employers.

Signature of Authorized Representative

____ / ____ / _____
Date (mm/dd/yyyy)

Print Name



September 11th
Victim Compensation Fund

OMB 1105-0092

Decedent's SSN or National ID Number

Decedent's SSN or National ID Number

Personal Representative's SSN or National ID Number

Personal Representative's SSN or National ID Number

PART XI. CERTIFICATION FOR COMPENSATION FORM

B. CERTIFICATION OF ACCURACY OF INFORMATION

I hereby certify that the information provided in this application and any documents provided in support of this claim are true and accurate to the best of my knowledge, and I agree that any payment made by the VCF is expressly conditioned upon the truthfulness and accuracy of the information and documentation provided in support of the claim. Further, I understand that false statements or claims made in connection with this application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement authorities for possible investigation and prosecution.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this day of , 201

Signature of Authorized Representative

Print Name



September 11th
Victim Compensation Fund

OMB 1105-0092

--	--	--	--	--	--	--	--

Decedent's SSN or National ID Number

--	--	--	--	--	--	--	--

Personal Representative's SSN or National ID Number

PART XI. CERTIFICATION FOR COMPENSATION FORM

C. CERTIFICATION OF DISTRIBUTION PLAN

I hereby agree to distribute any award in a manner consistent with the law of the Decedent's domicile or any applicable ruling by a court of competent jurisdiction or as directed by the Special Master. I understand that the final distribution plan may differ from the plan proposed in Part IX.

Initial here:

--

D. PAPERWORK REDUCTION ACT NOTICE

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it contains a currently valid OMB approval number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you. The estimated average time to complete and file this application is 8.5 hours. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office of the Special Master, U.S. Department of Justice, 950 Pennsylvania Ave, NW, Washington, DC 20530; OMB control number 1105-0092. (Do not mail your completed application to this address.)