



**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. Name(s) and Address(es) of all beneficiaries designated by decedent for receipt of benefits.

Name	Address	\$ amount or % share
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. (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:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

10. 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.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Claimant's Attorney

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

OR

1. Return original and **three** copies of Application for Death Benefits and this form, and other materials to substantiate the claim to the address below. Copies may be Xeroxed and collated.
2. Be sure the Application for Benefits is signed.
3. Be sure the application is filled out completely.

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