

VETERANS SERVICE OFFICE

INFORMATION REQUIRED TO FILE FOR VA BENEFITS

- _____ Certified copy of DD Form 214, DD Form 215, Reserve Discharge, NGB-22, Air National Guard Discharge
- _____ Any service medical records in veteran's possession
- _____ Veteran's Social Security Number/Serial Number

What disability are you claiming?	When did your disability begin?	When were you treated?	What medical facility or doctor treated you?	What is the address of the medical facility or doctor?
	_____	from _____ to _____ mo day yr mo day yr		
	_____	from _____ to _____ mo day yr mo day yr		

- _____ Written statement by veteran stating, **“What disabilities you're filing for, when you first noticed the problem, where you were when you first noticed the problem/incident, and how your disability is connected to your military service, what type of job you had in the military that caused the disability. (example: Worked around aircraft/hearing loss)”**
- _____ Copy of marriage certificate
- _____ Spouses Social Security Number

Your previous marriages

How many times have you been married before? _____

When were you married?	Where were you married? <i>(city/state or country)</i>	Who were you married to? <i>(first, middle initial, last)</i>	When did your marriage end?	Why did your marriage end? <i>(death, divorce)</i>	Where did your marriage end? <i>(city/state or country)</i>
_____			_____		
_____			_____		

Your spouse's previous marriages

How many times has your current spouse been married before? _____

When was your spouse married?	Where was your spouse married? <i>(city/state or country)</i>	Who was your spouse married to? <i>(first, middle initial, last)</i>	When did your spouse's marriage end?	Why did your spouse's marriage end? <i>(death, divorce)</i>	Where did your spouse's marriage end? <i>(city/state or country)</i>
_____			_____		
_____			_____		

- _____ Copies of birth certificates and social security numbers for dependent children.
- _____ Private doctor statement
-If you have seen or are seeing a private physician for your disability that you are filing for; have them write a statement if possible of treatment, what the disability is, and the severity of the problem.

ADDITIONAL INFORMATION NEEDED FOR NON-SERVICE CONNECTED PENSION OR WIDOWS PENSION

- _____ The amount of earnings for the last 12 months for veteran, spouse, & dependent children.
- _____ List of all medical expenses paid by you for veteran, spouse, and child
- _____ Print out from Social Security benefits for veterans, spouse, and children
- _____ Income from any other sources: Rent, interest, dividends, annuities, farm or business for veteran and spouse. Market value of corporate stocks, checking accounts, bank deposits, savings accounts, cash, and real estate **(other than your Home).**
- _____ Your doctors statement stating the exact medical condition and the need for assistance for daily living
 - DR FORM 2680 required
 - Aid and assistance for Nursing Home, Form 07779