

# 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?
	_____ mo day yr	from _____ to _____ mo day yr 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>
_____ mo day yr			_____ mo day yr		
_____ mo day yr			_____ mo day yr		

### 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>
_____ mo day yr			_____ mo day yr		
_____ mo day yr			_____ mo day yr		

- \_\_\_\_\_ 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