

Office #
765-456-2511

VETERANS SERVICE OFFICE
INFORMATION REQUIRED TO FILE FOR VA BENEFITS

App. Date: _____
Time: _____
With: _____

_____ Original 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 and Birth date

_____ **Voided Check OR Deposit Slip**

Your previous marriages

How many times have you been married before? _____

| When were you married? | Where were you married? (city/state or country) | Who were you married to? (first, middle initial, last) | When did your marriage end? | Why did your marriage end? (death, divorce) | Where did your marriage end? (city/state or country) |
|------------------------|---|--|-----------------------------|---|--|
| _____ 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? (city/state or country) | Who was your spouse married to? (first, middle initial, last) | When did your spouse's marriage end? | Why did your spouse's marriage end? (death, divorce) | Where did your spouse's marriage end? (city/state or country) |
|-------------------------------|--|---|--------------------------------------|--|---|
| _____ mo day yr | | | _____ mo day yr | | |
| _____ mo day yr | | | _____ mo day yr | | |

_____ Copies of birth certificates and S.S. #'s for dependent children, 18 or younger or under 23 and in college full time

_____ **Private doctor information** **Dates of Service:** _____

Name: _____ **Phone:** _____

Address: _____

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