



**SUPPLEMENT TO VA FORMS 21-526,
21-534, AND 21-535 (For Philippine Claims)**

1. CLAIM NO. (C or XC No.)

C-

INSTRUCTIONS: All questions must be answered fully, clearly and correctly. If answer is unknown, write "unknown." If additional space is needed, use Item 24 "Remarks" and identify your answers by the item numbers to which they apply.

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 3301). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records 58 VA 21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

2. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN		3A. LAST NAME - FIRST NAME - MIDDLE NAME OF CLAIMANT	
3B. ADDRESS OF CLAIMANT		3C. RELATIONSHIP TO VETERAN (Self, wife, child, mother, father)	
3D. DATE OF CLAIMANT'S BIRTH		3E. CLAIMANT'S PLACE OF BIRTH	
3F. FULL MAIDEN NAME OF CLAIMANT'S MOTHER		3G. LAST NAME - FIRST NAME - MIDDLE NAME OF CLAIMANT'S FATHER	

PART I - SERVICE INFORMATION OF VETERAN

NOTE: List each period of active service and show all service numbers if known.

4. BRANCH OF SERVICE IN WHICH VETERAN SERVED (Check if service is other than that shown in Items 6A-6G or 7A-7G)

ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify)

5A. ENTERED SERVICE		5B. SERVICE NUMBER	5C. SEPARATED FROM SERVICE		5D. GRADE AND ORGANIZATION
DATE	PLACE		DATE	PLACE	

PHILIPPINE ARMY

6A. ENTERED SERVICE		6B. SERVICE NUMBER	6C. SEPARATED FROM SERVICE		6D. DIVISION	6E. REGIMENT	6F. COMPANY	6G. RANK
DATE	PLACE		DATE	PLACE				

GUERRILLA ORGANIZATION

7A. ENTERED SERVICE		7B. SERVICE NUMBER	7C. NAME OF ORGANIZATION	7D. DIVISION	7E. REGIMENT	7F. COMPANY	7G. RANK
DATE	PLACE						

NOTE: Complete Items 8A through 12D if VA Form 21-526 is submitted.

8A. WERE YOU GIVEN A PHYSICAL EXAMINATION WHEN YOU ENLISTED AND/OR RETURNED TO MILITARY CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," explain in Items 8B and 8C)		8B. DATE EXAMINED
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8C. PLACE OF EXAMINATION (Address)	9A. AT THE TIME OF YOUR SEPARATION FROM SERVICE WERE THERE ANY COURT MARTIAL OR OTHER MILITARY CHARGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," explain in Item 9B)	9B. MILITARY CHARGES
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10A. DID YOU HAVE A COMBAT WOUND OR INJURY DURING ACTIVE SERVICE IN WORLD WAR II? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 10B)	10B. AFFIDAVITS FROM COMRADES MUST BE FURNISHED (Check one) <input type="checkbox"/> AFFIDAVITS ATTACHED <input type="checkbox"/> AFFIDAVITS WILL BE FURNISHED AT A LATER DATE
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11. DO YOU HAVE ANY EVIDENCE TO PROVE YOUR MILITARY SERVICE AND/OR ANY CLINICAL OR MEDICAL RECORDS COVERING THE DISABILITIES FOR WHICH YOU CLAIM COMPENSATION? (Check applicable box)			
<input type="checkbox"/> RECORDS ARE ATTACHED			
<input type="checkbox"/> RECORDS WILL BE FURNISHED AT A LATER DATE			
<input type="checkbox"/> NO RECORDS AVAILABLE (Explain here)			

12A. ARE YOU NOW RECEIVING HOSPITALIZATION OR DOMICILIARY CARE FROM THE PHILIPPINE GOVERNMENT OR ANY OF ITS SUBDIVISIONS? (If "Yes," complete Items 12B, 12C & 12D) <input type="checkbox"/> YES <input type="checkbox"/> NO	12B. DATE ENTERED INSTITUTION	12C. DISABILITY FOR WHICH YOU WERE TREATED IN THIS INSTITUTION	12D. NAME AND ADDRESS OF INSTITUTION
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PART II - ACTIVITIES OF CLAIMANT DURING JAPANESE OCCUPATION

13. WHERE DID YOU LIVE DURING THE FOLLOWING YEARS: <i>(State the province, municipality, barrio and street)</i>	14. NAMES AND ADDRESSES OF YOUR EMPLOYERS FOR THE FOLLOWING YEARS: <i>(State if self-employed or unemployed, so state)</i>
1942	1942
1943	1943
1944	1944
1945	1945

15A. WERE YOU A MEMBER OF ANY PRO-JAPANESE, PRO-GERMAN OR ANTI-AMERICAN-FILIPINO ORGANIZATIONS?

YES NO *(If "Yes," check the proper box or boxes in Item 15B)*

15B. ORGANIZATIONS

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> MAKAPILI | <input type="checkbox"/> PAMPAR | <input type="checkbox"/> MATSUYAMA BUTAI | <input type="checkbox"/> PEACE ARMY | <input type="checkbox"/> OTHER PRO-JAPANESE OR PRO-GERMAN OR ANTI-AMERICAN-FILIPINO ORGANIZATIONS
<i>(Specify each below)</i> |
| <input type="checkbox"/> SAKDAL GANAP | <input type="checkbox"/> SHIN NICH I TAI | <input type="checkbox"/> SAKDAL | <input type="checkbox"/> JAPANESE-FILIPINO BROTHERHOOD ASSN. | |
| <input type="checkbox"/> MORISITA BUTAI | <input type="checkbox"/> HIRATA-TAI | <input type="checkbox"/> GANAP | <input type="checkbox"/> STANDING ARMY OF THE PHILIPPINES | |
| <input type="checkbox"/> YOIN | <input type="checkbox"/> NEW UNITY | <input type="checkbox"/> NEW LEADERS ASSOCIATION | | |

16. GIVE FACTS, CIRCUMSTANCES, AND REASON FOR JOINING THE ORGANIZATION(S) CHECKED IN ITEM 15B *(Give details)*

17A. DID YOU BELONG TO ANY OF THE ORGANIZATIONS LISTED IN ITEM 17B DURING THE JAPANESE OCCUPATION?

YES NO *(If "YES," Complete Item 17B)*

17B. ORGANIZATIONS *(Check applicable box or boxes)*

- | | |
|---|--|
| <input type="checkbox"/> BUREAU OF CONSTABULARY | <input type="checkbox"/> MUNICIPAL POLICE FORCE |
| <input type="checkbox"/> MANILA DEFENSE CORPS | <input type="checkbox"/> PHILIPPINE CONSTABULARY |

18. IF YOU WERE A MEMBER OF ANY OF THE ORGANIZATIONS LISTED IN ITEM 17B, COMPLETE ITEMS 18A THROUGH 18F, BELOW:

A. DID YOU AT ANY TIME OR IN ANY WAY ASSIST ANY GUERRILLA UNITS OR THE RESISTANCE MOVEMENT?

YES NO *(If "YES," Complete Item 18B)*

B. GIVE DETAILS

C. GIVE THE NAMES OF PERSONS OR UNITS YOU ASSISTED

D. WERE YOUR SERVICES RECOGNIZED BY THE GUERRILLAS OR LEADERS OF THE RESISTANCE MOVEMENT?

YES NO *(If "YES," Complete Item 18E)*

E. STATE HOW AND BY WHOM

F. DURING YOUR SERVICE IN THE ORGANIZATION DID YOU EVER DESERT OR LEAVE YOUR JOB?

YES NO *(If "YES," Check one of the following)* YOU WERE REGARDED AS AWOL YOU RETURNED OF YOUR OWN FREE WILL YOU WERE PUNISHED FOR LEAVING

19A. DURING YOUR SERVICE DID YOU EVER ATTEMPT TO FIND OTHER WORK?

YES NO *(If "YES," Complete Item 19B)*

19B. WHY NOT?

20. DID YOU EVER TAKE ANY OATH OR AFFIRMATION, FORMALLY OR INFORMALLY, TO SUPPORT OR COOPERATE WITH THE JAPANESE OR GERMAN GOVERNMENTS, OR ANY FOREIGN GOVERNMENT, AGAINST THE UNITED STATES AND/OR ITS ALLIES; OR DID YOU EVER MAKE ANY FORMAL OR INFORMAL RENUNCIATION OF YOUR ALLEGIANCE TO THE UNITED STATES?

YES (If "YES," give the facts, circumstances and nature of the oath below)

NO

21A. AS A RESULT OF YOUR ACTIVITIES, WERE YOU (or any of your immediate family) EVER ARRESTED OR WERE ANY CHARGES FILED AGAINST YOU (or them) IN THE PEOPLE'S COURT, LOYALTY BOARD OF THE PHILIPPINE ARMY, LOYALTY BOARD OF THE U.S. ARMY, OR ANY OTHER AGENCY FOR HELPING OR AIDING THE JAPANESE ARMED FORCES OR THE JAPANESE PUPPET GOVERNMENT, OR ANY OTHER ENEMY OF THE UNITED STATES?

YES NO (If "YES," Complete Items 21B through 21G)

21B. NAME OF ACCUSING AGENCY		21C. NAME OF PERSON ACCUSED
21D. DATE ACCUSED	21E. PLACE	21F. NATURE OF THE CHARGE
21G. OUTCOME OF THE CASE		

PART III - MISCELLANEOUS INFORMATION

22A. HAVE YOU EVER APPLIED FOR ANY BENEFITS FROM THE PHILIPPINE GOVERNMENT?

YES NO (If "YES," check Item 22B and/or Item 22C and complete information requested)

PHILIPPINE GOVERNMENT BENEFITS

22B. <input type="checkbox"/> ARREARS IN PAY (back pay) FROM PHIL COM	AMOUNT OF SETTLEMENT	DATE	CLAIM NO.	OFFICE WITH WHICH FILED
22C. <input type="checkbox"/> PENSION WITH PHILIPPINE VETERAN'S BOARD	AMOUNT OF PENSION	DATE	CLAIM NO.	OFFICE WITH WHICH FILED

23. IF CLAIMANT IS THE WIDOW OF THE VETERAN, FURNISH THE FOLLOWING INFORMATION:

A. HAVE YOU LIVED AS THE WIFE OF ANY MAN SINCE THE DEATH OF THE VETERAN?

YES NO (If "YES," Complete Items 23B through 23F)

B. FULL NAME OF PERSON WITH WHOM YOU LIVED	C. ADDRESS OF PERSON WITH WHOM YOU LIVED
D. BEGINNING DATE OF THIS RELATIONSHIP (Give month, day and year)	E. PLACE OF RESIDENCE DURING EXISTENCE OF THIS RELATIONSHIP

F. WERE ANY CHILDREN BORN TO THIS RELATIONSHIP?

YES NO (If "YES," furnish the following information)

NAME OF CHILDREN	DATE OF BIRTH	PLACE OF BIRTH

24. REMARKS

25. CERTIFICATION

I HEREBY CERTIFY THAT I *have read* *have had read to me* all the questions and answers in this application, that the answers to all the above questions are true and complete to the best of my knowledge and belief and that I have submitted all available information and evidence in support of this application, with full knowledge of the penalty provided for making a false statement as to a material fact in such application and knowing that if any statement is false, I may forfeit all rights to benefits from the United States Department of Veterans Affairs.

WITNESS TO THUMBPRINT

NAME OF WITNESS *(First-Middle-Last)*

ADDRESS

NAME OF WITNESS *(First-Middle-Last)*

ADDRESS

SIGNATURE OF CLAIMANT *(If claimant can write, then he or she must sign the name. If claimant cannot write then affix thumbprint which must be witnessed by two persons who can write)*