OMB Approved No. 2900-0949
Respondent Burden: 5 Minutes
Expiration Date: 1/31/2029

VA U.S. Department of Veterans Affairs

DOCUMENT EVIDENCE SUBMISSION

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing this form. This form is used for the submission of additional documentation or evidence. For additional information you may contact us through Ask VA at: **https://ask.va.gov/** or call us toll-free at 1-800-698-2411 (TTY: 711). VA forms are available at **www.va.gov/vaforms**. After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.**

SECTION I: VETERAN/SERVICE MEMBER'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completing by hand, print neatly and legibly in ink, and completely fill in each applicable check box to help expedite processing of the form.

1. VETERAN/SERVICE MEMBER'S NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER — – –

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM/DD/YYYY) – –

5. **BDD CLAIMS ONLY:** ANTICIPATED/FUTURE RELEASE FROM ACTIVE DUTY (RAD) DATE: (MM/DD/YYYY) – –

6. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

7. TELEPHONE NUMBER (Include Area Code) – –

Enter International Phone Number (If applicable)

8. E-MAIL ADDRESS

SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION
(If other than veteran/service member)

9. CLAIMANT'S NAME (First, Middle Initial, Last)

10. SOCIAL SECURITY NUMBER — – –

11. VA FILE NUMBER (If applicable)

12. DATE OF BIRTH (MM/DD/YYYY) – –

13. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

14. TELEPHONE NUMBER (Include Area Code) – –

Enter International Phone Number (If applicable)

15. E-MAIL ADDRESS

VETERAN/SERVICE MEMBER/CLAIMANT'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION III: DOCUMENT/EVIDENCE TYPE YOU ARE SUBMITTING

16. IS THIS FORM BEING SUBMITTED IN RESPONSE TO A REQUEST YOU RECEIVED FROM VA?

☐ YES ☐ NO

17. IDENTIFY THE DOCUMENT(S) OR EVIDENCE YOU ARE SUBMITTING

NOTE: You may select one or more type(s), depending on the type of documentation/evidence being provided with this form.

☐ BIRTH CERTIFICATE	☐ DEATH CERTIFICATE
☐ DEPENDENCY INFORMATION	☐ DIVORCE DECREE
☐ FINANCIAL INFORMATION	☐ MARRIAGE CERTIFICATE
☐ MEDICAL TREATMENT RECORDS	☐ COURT PAPERS/DOCUMENTS
☐ MILITARY PERSONNEL RECORDS	☐ SERVICE TREATMENT RECORDS

☐ **AUTHORIZED REPRESENTATIVE ONLY:** Request to initiate electronic service treatment record (eSTR) transfer for a future BDD application

☐ OTHER *(*Describe)

NOTE: If you need to submit a statement as a veteran/service member/claimant or someone writing on your behalf to support your claim, use VA Form 21-10210, *Lay/Witness Statement*. VA Forms are available at https://www.va.gov/vaforms/.

SECTION IV: CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have filled this form out completely and that it is true and correct to the best of my knowledge and belief.

18A. VETERAN/SERVICE MEMBER/CLAIMANT'S SIGNATURE **(REQUIRED)**	18B. DATE SIGNED (MM/DD/YYYY) ☐☐ – ☐☐ – ☐☐☐☐

SECTION V: AUTHORIZED REPRESENTATIVE'S SIGNATURE

(Valid only if the veteran/service member/claimant did not sign Item 18A and has an authorized representative)

I CERTIFY THAT the veteran/service member/claimant has authorized me as the undersigned representative and certifies that the information contained in this document is true and complete to the best of the veteran/service member/claimant's knowledge.

NOTE: A signature in this section ***will not*** be accepted unless a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative,* or VA Form 21-22a, *Appointment of Individual as Claimant's Representative,* is of record or attached to this request.

19A. AUTHORIZED REPRESENTATIVE'S SIGNATURE	19B. POA CODE ☐☐☐	19C. DATE SIGNED (MM/DD/YYYY) ☐☐ – ☐☐ – ☐☐☐☐
19D. ACCREDITATION NUMBER	19E. DATE (MM/DD/YYYY) LAST VA FORM 21-22 OR 21-22A WAS SUBMITTED (If known) ☐☐ – ☐☐ – ☐☐☐☐	

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false, or for fraudulent receipt of any document to which you are not entitled.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0949, and it expires 1/31/2026. Public reporting burden for this collection of information is estimated to average5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0949 in any correspondence. Do not send your completed VA Form 20-10208 to this email address.