OMB Approved No. 2900-0877
Respondent Burden: 5 Minutes
Expiration Date: 10/31/2023

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

DOCUMENT EVIDENCE SUBMISSION

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 in support of a claim. For additional information or questions you may contact us through Ask VA at: https://www.va.gov/contact-us or call us toll-free at 800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'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 circle to help expedite processing of the form.

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

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM-DD-YYYY)

5. 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

6. TELEPHONE NUMBER (Include Area Code)

Enter International Phone Number (If applicable)

7. E-MAIL ADDRESS

I agree to receive electronic correspondence from VA in regards to my claim.

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

8. CLAIMANTS NAME (First, Middle Initial, Last)

9. SOCIAL SECURITY NUMBER

10. VA FILE NUMBER (If applicable)

11. DATE OF BIRTH (MM-DD-YYYY)

12. 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

13. TELEPHONE NUMBER (Include Area Code)

Enter International Phone Number (If applicable)

14. E-MAIL ADDRESS

I agree to receive electronic correspondence from VA in regards to my claim.

SECTION III: DOCUMENT/EVIDENCE TYPE YOU ARE SUBMITTING

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

YES NO

VETERAN/CLAIMANT'S SOCIAL SECURITY NO. ___ – __ – ____

16. IDENTIFY THE DOCUMENT(S) OR EVIDENCE YOU ARE SUBMITTING TO SUPPORT YOUR ESTABLISHED CLAIM.

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

◯ LAY STATEMENT (Describe)

◯ OTHER (Describe)

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.

17A. VETERAN/CLAIMANT'S SIGNATURE **(REQUIRED)**	17B. DATE SIGNED (MM-DD-YYYY)
	__ – __ – ____

SECTION V: THIRD-PARTY SIGNATURE
(Valid only if requester has an authorized third-party)

I CERTIFY THAT the veteran/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/claimant's knowledge. **NOTE**: A third-party signature ***will not*** be accepted unless a valid VA Form 21-0845, *Authorization to Disclose Personal Information to a Third-Party*, is of record or attached to this request. A third-party may be a family member or other designated person who is not a Power of Attorney, agent, or fiduciary.

18A.THIRD-PARTY SIGNATURE	18B. DATE SIGNED (MM-DD-YYYY)
	__ – __ – ____

SECTION VI: POWER OF ATTORNEY (POA) SIGNATURE
(Valid only if requester has an authorized POA representation)

I CERTIFY THAT the veteran/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 veteran/claimant's knowledge.

NOTE: A POA's signature ***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. POA/AUTHORIZED REPRESENTATIVE SIGNATURE	19B. DATE SIGNED (MM-DD-YYYY)
	__ – __ – ____

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: This information will let us help you in support of or response to your claim. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.