



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

