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

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.

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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.			
VETERAN'S NAME (First, Middle Initial, Last)			
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. DATE OF BIRTH (MM-DD-YYYY)	
	o. Viviez Nomber (ii applicable)		
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 rec	seive 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)	in <u>strict</u> than votorary		
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) — — —	14. E-MAIL ADDRESS I agree to r	eceive electronic correspondence from VA in regards to my claim.	
Enter International Phone Number (If applicable)			
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			

16. IDENTIFY THE DOCUMENT(S) OR EVIDENCE YOU ARE SUBNOTE: You may select one or more type(s), depending on the type		
○ BIRTH CERTIFICATE	O DEATH CERTIFICATE	
O DEPENDENCY INFORMATION	O DIVORCE DECREE	
○ FINANCIAL INFORMATION	○ MARRIAGE CERTIFICATE	
○ MEDICAL TREATMENT RECORDS	COURT PAPERS/DOCUMENTS	
○ MILITARY PERSONNEL RECORDS	○ SERVICE TREATMENT RECORDS	
CLAY STATEMENT (Describe)		
OTHER (Describe)		
SECTION IV: CERTIFIC	ATION 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)	
)-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)	
	TTORNEY (POA) SIGNATURE	
	orm 21-22, Appointment of Veterans Service Organization as	
19A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE	19B. DATE SIGNED (MM-DD-YYYY) — —	
PENALTY : The law provides severe penalties which include fine or imprisonment, knowing it to be false, or for fraudulent receipt of any document to which you are not		
Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congre	by source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of ssional communications, epidemiological or research studies, the collection of money owed to the stration of VA programs and delivery of VA benefits, verification of identity and status, and	

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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

**PESPONDENT BURDENT: This information will let us below on in support of or response to your claim. We estimate that you will need an average of 5 minutes to review the

personnel administration) as identified in the VA system of records, 88 vA21/22/28, Compensation, Pension, Education, and Veteran Readiness 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.

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