

DATE: _____ RE: _____

TO: _____

Claim No. _____

Serial No. _____

Date of Birth _____

You are hereby authorized to furnish all information requested on this inquiry.

Signed _____ **Date** _____

1. Periods of Active Duty: From _____ To _____

2. Compensation (**Service Connected**): Disability _____ Death _____
 Dependency & Indemnity _____

Pension (**Non-service Connected**): Disability _____ Death _____

Effective Date of Current Award: _____

Monthly Award Amount: \$ _____

3. Other Payments (**Monthly Insurance, Etc.**) _____

Monthly Amount: \$ _____

4. Changes: If any change is contemplated, check here () and explain on reverse side.

5. Remarks: _____

VETERAN'S ADMINISTRATION CENTER

By _____

Date: _____

Title _____

PLEASE RETURN TO: