Department of Veterans Affairs
Health Administration Center
CHAMPVA

# IMPORTANT - MARRIAGE / DIVORCE INFORMATION

**Please fill out all pertinent information and return this with your application.**

Please provide the date of your marriage to the sponsoring veteran and a copy of your marriage certificate.

_____/_____/_____
DD MM YYYY

If veteran is deceased and you have remarried, please provide date of remarriage and a copy of the death certificate (does not have to be notarized) and a copy of your latest marriage certificate.

_____/_____/_____
DD MM YYYY

If that remarriage has terminated by either death, divorce, or annulment, please provide termination date and a copy of the decree.

_____/_____/_____
DD MM YYYY