OMB Approved No. 2900-0001
Respondent Burden: 1 hour and 30 minutes

Department of Veterans Affairs

VETERAN'S APPLICATION FOR COMPENSATION OR PENSION

IMPORTANT: Read attached General and Specific Instructions before completing this form. Type, print, or write plainly.

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

1A. FIRST, MIDDLE, LAST NAME OF VETERAN

1B. TELEPHONE NO. *(Include Area Code)*
DAY:
EVENING:

1C. IF YOU SERVED UNDER ANOTHER NAME, GIVE NAME AND PERIOD DURING WHICH YOU SERVED AND SERVICE NUMBER.

3A. VETERAN'S SOCIAL SECURITY NO.

2. MAILING ADDRESS OF VETERAN *(Number and street or rural route, city or P.O., State and ZIP Code)*

3B. SPOUSE'S SOCIAL SECURITY NO.

4. DATE OF BIRTH | 5. PLACE OF BIRTH | 6. SEX | 7. RAILROAD RETIREMENT NO.

8. HAVE YOU EVER FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF WORKERS' COMPENSATION PROGRAMS? *(Formerly the U.S. Bureau of Employees Compensation)*
☐ YES ☐ NO

9A. VA FILE NUMBER
C-

9B. HAVE YOU PREVIOUSLY FILED A CLAIM FOR ANY BENEFIT WITH VA?
☐ NONE
☐ HOSPITALIZATION OR MEDICAL CARE
☐ DISABILITY COMPENSATION OR PENSION
☐ VOCATIONAL REHABILITATION
☐ VETERANS EDUCATIONAL ASSISTANCE
☐ DEPENDENTS EDUCATIONAL ASSISTANCE
☐ DENTAL OR OUTPATIENT TREATMENT
☐ WAIVER OF NSLI PREMIUMS
☐ OTHER *(Specify)*

9C. VA OFFICE HAVING YOUR RECORDS *(If known)*

SERVICE INFORMATION

NOTE: Enter complete information for each period of active duty. Attach DD Form 214 or other separation papers for all periods of active duty to expedite processing of your claim. If you do NOT have your DD Form 214 or other separation papers check (✓) here ☐

10A. ENTERED ACTIVE SERVICE		10B. SERVICE NO.	10C. SEPARATED FROM ACTIVE SERVICE		10D. GRADE, RANK OR RATING, ORGANIZATION OR BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	

10E. HAVE YOU EVER BEEN A PRISONER OF WAR? ☐ YES ☐ NO *(If "YES," complete Items 10F and 10G)*

10F. NAME OF COUNTRY

10G. DATES OF CONFINEMENT

RESERVE AND NATIONAL GUARD SERVICE

NOTE: Enter complete information for each period of Reserve and National Guard service. Attach any separation papers you have.

11A. ENTERED SERVICE		11B. SERVICE NO.	11C. SEPARATED FROM SERVICE		11D. GRADE, RANK OR RATING, ORGANIZATION OR BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	

12. IF DISABILITY OCCURRED DURING ACTIVE OR INACTIVE DUTY FOR TRAINING, GIVE BRANCH OF SERVICE AND DATE OF OCCURRENCE

13A. IF YOU ARE NOW A MEMBER OF THE RESERVE FORCES OR NATIONAL GUARD GIVE THE BRANCH OF SERVICE

13B. RESERVE STATUS
☐ ACTIVE ☐ RESERVE OBLIGATION
☐ INACTIVE

13C. RESERVE OR NATIONAL GUARD UNIT ADDRESS

14A. ARE YOU NOW RECEIVING OR WILL YOU RECEIVE RETIREMENT OR RETAINER PAY FROM THE ARMED FORCES?
☐ YES ☐ NO *(If "YES," complete Item 14B, 14C, and 14D)*

14B. BRANCH OF SERVICE

14C. MONTHLY AMOUNT
$

14D. RETIRED STATUS
☐ PERMANENT
☐ TEMPORARY DISABILITY RETIRED LIST

15A. HAVE YOU EVER APPLIED FOR OR RECEIVED DISABILITY SEVERANCE PAY FROM THE ARMED FORCES?
☐ YES ☐ NO *(If "YES," complete Item 15B)*

15B. AMOUNT
$

16A. HAVE YOU RECEIVED LUMP SUM READJUSTMENT OR SEPARATION PAY FROM THE ARMED FORCES?
☐ YES ☐ NO *(If "YES," complete Item 16B)*

16B. AMOUNT
$

NATURE AND HISTORY OF DISABILITIES

17. NATURE OF SICKNESS, DISEASE OR INJURIES FOR WHICH THIS CLAIM IS MADE AND DATE EACH BEGAN

18A. ARE YOU NOW OR HAVE YOU BEEN HOSPITALIZED OR FURNISHED DOMICILIARY CARE WITHIN THE PAST 3 MONTHS?
☐ YES ☐ NO *(If "YES," complete Items 18B and 18C)*

18B. DATES OF HOSPITALIZATION OR DOMICILIARY CARE

18C. NAME AND ADDRESS OF INSTITUTION

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 10.