

TO:
DATE: _____

FROM:
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 the reverse side.

5. Remarks: _____

VETERAN'S ADMINISTRATION CENTER

By _____

Date _____

Title _____

PLEASE RETURN TO: