

SWORN DECLARATION OF _____

STATE OF _____

COUNTY OF _____

Veteran's name you are vouching for _____

Under 28 U.S.C. 1746, I, _____, declare under penalty of perjury that the preceding is true and correct:

My name is _____. I am more than 18 years of age, have a sound mind, and am fully competent to make this affidavit. And I have personal knowledge of the matters set forth below.

1. Explain how you know the Veteran:

2. Explain what you witnessed regarding the Veteran and his/her disability:

3. Explain any additional information that may be pertinent for the VA to consider:

Executed on _____

Signed: _____