BLANK NOTES

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION

Needs to be typed

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER *(If applicable)*	4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*

5. VETERAN'S SERVICE NUMBER *(If applicable)*	6. TELEPHONE NUMBER *(Include Area Code)*	7. E-MAIL ADDRESS *(Optional)*

8. MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. &
Street

Apt./Unit Number   City

State/Province   Country   ZIP Code/Postal Code

SECTION II: REMARKS
(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

1. NAME OF DISABILITY/CONDITION:

2. PLEASE EXPLAIN THE CURRENT SYMPTOMS OF YOUR DISABILITY