

PERSONAL STATEMENT

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 WHEN/HOW YOUR DISABILITY WAS CAUSED OR MADE WORSE BY YOUR MILITARY SERVICE (OR HOW YOU KNOW IF YOU'RE PROVIDING A BUDDY STATEMENT)

SECTION II: REMARKS (Continued)

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

3. PLEASE EXPLAIN THE CURRENT SYMPTOMS OF YOUR DISABILITY

4. PLEASE EXPLAIN HOW YOUR DISABILITY IS NEGATIVELY AFFECTING YOUR WORK AND LIFE

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE

10. DATE SIGNED