

INITIAL CONTACT FORM

Date: _____

Veteran's Last Name: _____ First Name: _____ MI: _____

SSN: _____ Date of Birth: _____ Place of Birth: _____

Address: _____ City: _____ Zip Code: _____

Contact Phone Number(s): _____ Email: _____

Type of Claim: ___ Disability ___ Pension/Aid and Attendance ___ Survivor Benefits

Special Handling Required: YES / NO Reason: _____

Military Service:* ___ WWII Separation Papers or ___ DD214 ___ Provided ___ Needs Ordered

Branch of Service: Army, Navy, Air Force, Marines, Coast Guard, National Guard, Merchant Marine

Service Number: _____ Rank at Discharge: _____

Induction Date: _____ Place of Induction: _____

Discharge Date: _____ Place of Discharge: _____

Marital Status*: ___ Married ___ Divorced ___ Separated ___ Widow(er) ___ Single

Date of Marriage*: _____ Place of Marriage*: _____

Current Spouse Name*: _____

SSN: _____ Date of Birth: _____ Place of Birth: _____

*Information required for all marriage(s) & how they ended as well as dates/places for both Veteran/Spouse IF applying for Aid & Attendance Enhanced Pension

(Space on back for additional information)

Information about all children who live with you, including their full names, SSN, Date & Place of Birth

Dependent #1 Name: _____

SSN: _____ Date of Birth: _____ Place of Birth: _____

Dependent #2 Name: _____

SSN: _____ Date of Birth: _____ Place of Birth: _____

Dependent #3 Name: _____

SSN: _____ Date of Birth: _____ Place of Birth: _____

