OMB Control No. 2900-0075 Respondent Burden: 15 minutes Expiration Date: 06/30/2024

Department of Veterans Affair

VA DATE STAMP

STATEMENT IN SUPPORT OF CLAIM

(DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS: Before completing this form, read the Priva a statement to support a claim. For more information you can at 800-827-1000 (TTY:711). VA forms are available at <a ask.va.gov="" href="https://www.veterans.org/www.</th><th>contact us through Ask VA: https://ask.va.gov/va.gov/vaforms . After completing the form, mail	<u>/</u> , Or call us toll-free	
SECTION I: VE	TERAN/BENEFICIARY'S IDENTIFICATION	INFORMATION
NOTE: You may complete the form online or by hand. If complete processing of the form.	ed by hand, print the information requested in ink, ne	eatly and legibly, and insert one letter per box to help expedite
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 Month Day Year
5. VETERAN'S SERVICE NUMBER (If applicable)		
6. TELEPHONE NUMBER (Include Area Code)	7. E-MAIL ADDRESS (Optional)	
Enter International Phone Number (If applicable)		
8. MAILING ADDRESS (Number and street or rural route, P.O. Bo	ox, City, State, ZIP Code and Country)	
No. & Street		
Apt./Unit Number City		
State/Province Country	ZIP Code/Postal Code	-
(The following statement is made in conne	SECTION II: REMARKS ection with a claim for benefits in the case	of the above-named veteran/beneficiary)
(The following Statement is made in conne	ection with a claim for benefits in the case	e of the above-named veteran/benenciary)

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)				
SECTION III: DECLARATION OF INTENT				
I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and be 9. SIGNATURE OF VETERAN/BENEFICIARY (Required)	lief. 10. DATE SIGNED			
o. sistivitore of vereioningerie lower (required)	Month Da	ay Year		
	_	_		
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.				
PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other th of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications				
United States, litigation in which the United States is a party or has an interest, the administration of VA Programs ar administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and V	nd delivery of VA benefits, verification Readiness and Employm	fication of identity and status, a ent Records - VA, published i	and personnel in the Federal	
Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your clai associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statu	m file. Providing your SSN will by itself will not result in the o	I help ensure that your records lenial of benefits. The VA wil	s are properly ll not deny an	
information is considered relevant and necessary to determine maximum benefits under the law. The responses you su	bmit are considered confidential	(38 U.S.C. 5701). Information	n submitted is	

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

subject to verification through computer matching programs with other agencies.

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