



VETERAN'S APPLICATION FOR COMPENSATION AND/OR PENSION

IMPORTANT - Read information and instructions carefully before completing the form. Type, print, or write plainly.

(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)

PART I - VETERAN'S INFORMATION

1. FOR WHAT BENEFIT ARE YOU APPLYING?

COMPENSATION PENSION BOTH COMPENSATION AND PENSION

2. HAVE YOU PREVIOUSLY APPLIED FOR ANY VA BENEFIT(S)? *(Check applicable box)*

PENSION COMPENSATION OTHER *(Specify)* _____

3. FIRST, MIDDLE, LAST NAME OF VETERAN

John M Smith

4A. VETERAN'S SOCIAL SECURITY NO.

277726627

4B. VA FILE NUMBER *(If applicable)*

4C. SPOUSE'S SOCIAL SECURITY NO.

4D. IF YOU SERVED UNDER ANOTHER NAME, GIVE NAME AND PERIOD DURING WHICH YOU SERVED AND SERVICE NO.

5. MAILING ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code)*

6. TELEPHONE NUMBER(S) *(Include Area Code)*

A. DAYTIME

B. EVENING

C. CELL

7. E - MAIL ADDRESS *(If applicable)*

8A. DATE OF BIRTH *(Month, day, year)*

8B. PLACE OF BIRTH

9. SEX

MALE FEMALE TM

10A. HAVE YOU EVER FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF WORKERS' COMPENSATION PROGRAMS? *(Formerly the U.S. Bureau of Employees Compensation)*

10B. WHEN WAS THE CLAIM FILED? *(Mo., day, yr.)*

10C. FOR WHAT DISABILITY ARE YOU RECEIVING BENEFITS?

