

VETERAN'S DATA FORM

An important legacy that a veteran can leave his or her family is a record of life insurance policies, will, military papers, VA claim number, and information on potential survivor's benefits. This form can serve that purpose in addition to other important data. This form should be kept current and stored in a secure location.

PERSONAL DATA

Name _____ Social Security # _____

Address _____ Telephone # _____

City _____ State _____ Zip _____

Date of Birth _____ Mother's maiden name _____

MILITARY & VA DATA

Branch of Service: Army ___ Navy ___ Marine Corps ___ Air Force ___ Coast Guard ___

Service Number _____ Rank/rate _____ Date entered _____ Discharged _____

Has veteran ever filed for any VA benefits? Yes ___ No ___ Claim # _____

If yes, what type?

Service connected disability (compensation) _____, Education _____, Vocational Rehab _____

Non service connected disability (pension) _____, Guarantee home loan _____, Other _____

Is veteran in receipt of benefits? Compensation _____, Pension _____, Education _____, Voc Rehab _____

If in receipt of compensation for service connected disability, list disability(ies):

(Continue on reverse if needed)

Government (VA) life insurance: Policy # _____, Amount _____

Survivor's Benefit Plan (if retired) _____, Amount _____

Other live insurance:

Company _____ Policy # _____ Amount _____

Company _____ Policy # _____ Amount _____

(Continue on reverse if needed)

Primary beneficiary(ies) _____

Contingent beneficiary(ies) _____

LOCATION OF RECORDS

Discharge or Record of Service _____

Marriage Certificate _____

Dependent(s) Birth Certificates _____

Last Will & Testament _____

Advance Directives _____

Funeral Home _____ Telephone # _____

Director _____